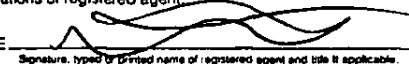


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

1/2

FILED
Feb 29, 2008 8:00 am
Secretary of State

01-22-2008 90116 033 ***138.75

DOCUMENT # L01000002908		
1. Entity Name NATIONWIDE REAL ESTATE SERVICES, LLC		
Principal Place of Business 6881 KINGSPONTE PKWY STE 16 ORLANDO, FL 32819		Mailing Address PO BOX 618133 ORLANDO, FL 32861
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent USHER, JAMES R 6881 KINGSPONTE PKWY STE 16 ORLANDO, FL 32819		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE _____		
* FILE NOW!!! FEE IS \$138.75 * After May 1, 2008 Fee will be \$538.75		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGM USHER, JAMES R 1001 CREST CIRCLE LAKEVILLE, PA 18438	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOTLICK, THOMAS D 2203 STILLINGTON ST ORLANDO, FL 32835	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date 2-27-08 Daytime Phone # 4072402929



01112008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3710488	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required