

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90032 001 ****50.00

DOCUMENT # L02000008719

1. Entity Name
FLORIDA REAL ESTATE CONSULTANTS, LLC



Principal Place of Business

230 NORTHEAST 25TH AVENUE
OCALA, FL 34470

Mailing Address

230 NORTHEAST 25TH AVENUE
OCALA, FL 34470

Suite 100

Suite 100

DO NOT WRITE IN THIS SPACE



03282006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
03-0428361

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEAN, JONATHAN S
230 NORTHEAST 25TH AVENUE
OCALA, FL 34470

Suite 100

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME DEAN, JONATHAN S
STREET ADDRESS 230 NORTHEAST 25TH AVENUE
CITY-ST-ZIP Ocala, FL 34470 *Suite 100*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Daytime Phone #

3-31-06

352-38-2800