

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90258 005 \*\*\*\*50.00

20019446



03022006 Chg-LLC CR2E083 (11/05)

4. FEI Number 42-1606326 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L02000010315  
1. Entity Name  
REAL ESTATE COLLABORATIVE, LLC



Principal Place of Business 722 VASSER ST ORLANDO, FL 32804  
Mailing Address P.O. BOX 547037 ORLANDO, FL 32804-7037

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country  
3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

6. Name and Address of Current Registered Agent  
KERSEY, JAMES W  
550 IVANHOE PLAZA  
ORLANDO, FL 32804

7. Name and Address of New Registered Agent  
Name Patrick T. Christiansen  
Street Address (P.O. Box Number is Not Acceptable)  
420 South Orange Avenue, Suite 1200  
City Orlando FL Zip Code 32801

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 *Patrick T. Christiansen* DATE 3/14/06  
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006  
Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	MGR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KERSEY, JAMES W			NAME	James W. Kersey		
STREET ADDRESS	550 IVANHOE PLAZA			STREET ADDRESS	722 Vassar Street		
CITY-ST-ZIP	ORLANDO, FL 32804			CITY-ST-ZIP	Orlando, Florida 32804		
TITLE		<input type="checkbox"/> Delete		TITLE	MGR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	Patrick T. Christiansen		
STREET ADDRESS				STREET ADDRESS	500 Ivanhoe Plaza		
CITY-ST-ZIP				CITY-ST-ZIP	Florida 32804		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 authorized to execute this report as required by Chapter 608, Florida Statutes.  
SIGNATURE: *Patrick T. Christiansen* DATE 3/14/06 DAYTIME PHONE 407.423.4000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE