


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000012844 1. Entity Name REAL ESTATE MASTERS & ASSOCIATES, L.L.C.	
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Principal Place of Business 1255 CEDAR CENTER DRIVE TALLAHASSEE, FL 32301	Mailing Address 1255 CEDAR CENTER DRIVE TALLAHASSEE, FL 32301
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01062005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 30-0086926	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SIBSON DOVE, JOYCE 203 N FRANKLIN BLVD. TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2005**

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01/11/05 00045 000 05.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LONG, DARLENE 1255 CEDAR CENTER DRIVE TALLAHASSEE, FL 32301
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Darlene Long Darlene Long Jan 9, 2005 658-9789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #