

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90132 016 ****50.00

DOCUMENT # L02000016878

1. Entity Name
REAL ESTATE ONE, LLC



Principal Place of Business

~~9822 NE 2ND AVE~~ 9541 NE 2 AV
~~STE 1~~
MIAMI SHORES, FL 33138

Mailing Address

~~9822 NE 2ND AVE~~ 9541 NE 2 AV
~~STE 1~~
MIAMI SHORES, FL 33138



07222004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1013141

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOSTER, KIM
9822 NE 2ND AVE
STE 1
MIAMI SHORES, FL 33138

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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 September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
FOSTER, KIM
~~9822 NE 2ND AVE, STE 1~~ 9541 NE 2 AV
MIAMI SHORES, FL 33138

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Kim Foster*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/9/104 *2305-758-3122*

Date

Daytime Phone #