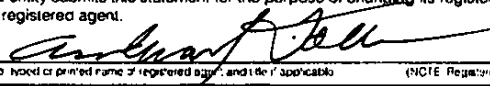
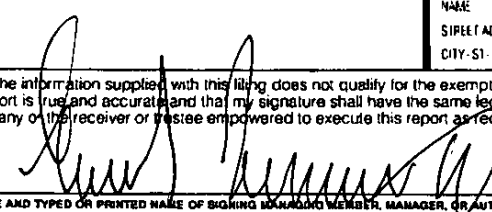


FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90057 010 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

60030791

DOCUMENT # L02000030491			
1. Entity Name TICO REAL ESTATE SERVICES, LLC			
Principal Place of Business C/O KRAMER WEISMAN ASSOC. 12515 ORANGE DR 814 DAVIE, FL 33330		Mailing Address C/O KRAMER WEISMAN ASSOC. 814 DAVIE, FL 33330	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 22-3889064		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STRIANESE, EVAN A 12515 ORANGE DR 814 DAVIE, FL 33330		7. Name and Address of New Registered Agent Name Andrews Toth Street Address (P.O. Box Number is Not Acceptable) 12515 Orange Drive #814 City Davie FL Zip Code 33330	
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  DATE _____ Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent's signature required when re-appointing)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM INMAN, MARC T 12515 ORANGE DR SUITE 814 DAVIE, FL 33330 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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:  4/25/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING BOARDING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			