## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000004154

Name:

Address:

City-St-Zip:

TODORO, MARIE

ELMA, NY 14059

611 CHAIR FACTORY RD.

Entity Name: REAL ESTATE DOCTOR, LLC

FILED Apr 29, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 10490 VIA BALESTRI DRIVE N/A MIROMAR LAKES, FL **New Mailing Address: Current Mailing Address:** 3281 CROSSINGS CT. D101 BONITA SPRINGS, FL 34134 US FEI Number: 05-0552449 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOTHWELL, KAREN D TENANCY IN COMMON 3281 CROSSINGS COURT D101 BONITA SPRINGS, FL 34134 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete BOTHWELL, KAREN Name: Name: 3281 CROSSINGS CT. Address: Address: City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: BOTHWELL, ROBERT B Name: Address: 3281 CROSSINGS CT. Address: City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition HEMPHILL, HARRY Name: Name: Address: 345 OCEAN DR #706 Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

Name:

Address:

City-St-Zip:

SIGNATURE: KAREN D. BOTHWELL MRS. 04/29/2005