

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000011143

FILED
Jun 26, 2007
Secretary of State**Entity Name:** REALTY SOLUTIONS LLC**Current Principal Place of Business:**334 EAST LAKE RD #310
PALM HARBOR, FL 34685**New Principal Place of Business:****Current Mailing Address:**334 EAST LAKE RD #310
PALM HARBOR, FL 34685**New Mailing Address:****FEI Number:** 55-0829461**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DIVERSIFIED EQUITY GROUP LLC
334 EAST LAKE RD #310
PALM HARBOR, FL 34685 US**Name and Address of New Registered Agent:**

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/MANAGERS:**Title:** MGRM () Delete
Name: NEGRI, DAVID
Address: 334 EAST LAKE RD #220
City-St-Zip: PALM HARBOR, FL 34685**Title:** MGRM () Delete
Name: DUBE, JOSEPH A II
Address: 2317 HOMESTEAD TERRACE N
City-St-Zip: PALM HARBOR, FL 34683**Title:** MGRM (X) Delete
Name: DUBE, JEFFERY
Address: 2008 MOUNTAIN ASH WAY
City-St-Zip: NEW PORT RICHEY, FL 34655**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: DAVID NEGRI

MGRM

06/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date