


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000016679 1. Entity Name ACADEMY OF REAL ESTATE INVESTING, LLC	
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Principal Place of Business POST OFFICE BOX 181309 CASSELBERRY, FL 32718	Mailing Address POST OFFICE BOX 181309 CASSELBERRY, FL 32718
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DO NOT WRITE IN THIS SPACE



04212005No Chg-LLC CR2E083 (10/03)

4. FEI Number 61-1457384	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

SONNENSCHN, MICHAEL D ESQ.
1420 ALAFAYA TRAIT,
SUITE #101
OVIEDO, FL 32765

**DO NOT WRITE
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 May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MATHERS, MARILYN 50215 HWY 1782 CASSELBERRY, FL 32707
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04/29/05-80135-019 50.00

**DO NOT WRITE
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)(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  Marilyn Mathers 4-27-05 407-767-5960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #