

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000021700</b>		
1. Entity Name REAL ESTATE SOLUTIONS & INVESTMENTS, LLC		
Principal Place of Business 4730 CALHOUN ROAD PLANT CITY, FL 33567 US		Mailing Address 4730 CALHOUN ROAD PLANT CITY, FL 33567 US
<b>DO NOT WRITE IN THIS SPACE</b>		
<div style="text-align: right;">01052005 No Chg-LLC CR2E083 (10/03)</div> <div style="display: flex; justify-content: space-between;"><div>4. FEI Number 20-0415951</div><div>Applied For Not Applicable</div></div> <div style="display: flex; justify-content: space-between;"><div>5. Certificate of Status Desired <input type="checkbox"/></div><div>\$5.00 Additional Fee Required</div></div>		
6. Name and Address of Current Registered Agent  GRUNIG, KAREN L 4730 CALHOUN ROAD PLANT CITY, FL 33567		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		
9. MANAGING MEMBERS/MANAGERS		<div>000000310983 04/18/05-80027-002 150.00</div> <b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRUNIG, GARY 4730 CALHOUN ROAD PLANT CITY, FL 33567	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRUNIG, KAREN L 4730 CALHOUN ROAD PLANT CITY, FL 33567	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <i>Real Estate Solutions &amp; Investments, LLC</i> <i>Karen L Grunig, MGRM</i>		Date: <i>4/14/05</i> Daytime Phone #: <i>813-680-8582</i>