

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025970

FILED  
Jan 06, 2005  
Secretary of State

**Entity Name:** RESULTS REAL ESTATE PARTNERS L.L.C.

**Current Principal Place of Business:**

421 WEST FAIRBANKS AVENUE  
SUITE 2  
WINTER PARK, FL 32789 US

**Current Mailing Address:**

421 WEST FAIRBANKS AVENUE  
SUITE 2  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

108 COMMERCE STREET  
SUITE 101  
LAKE MARY, FL 32746 US

**New Mailing Address:**

317 HAZELNUT STREET  
WINTER SPRINGS, FL 32708 US

FEI Number: 20-0246478

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WOLLE, VINCENT  
421 WEST FAIRBANKS AVENUE  
SUITE 2  
WINTER PARK, FL 32789 US

**Name and Address of New Registered Agent:**

WOLLE, VINCENT  
317 HAZELNUT STREET  
WINTER SPRINGS, FL 32708 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: VINCENT WOLLE

01/06/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: WOLLE, VINCENT  
Address: 421 WEST FAIRBANKS AVENUE  
City-St-Zip: WINTER PARK, FL 32789

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WOLLE, VINCENT  
Address: 317 HAZELNUT STREET  
City-St-Zip: WINTER SPRINGS, FL 32708

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.

SIGNATURE: VINCENT WOLLE

MGR

01/06/2005

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