

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044333

FILED
May 02, 2008
Secretary of State

Entity Name: REAL PROPERTIES NETWORK LTD. CO.

Current Principal Place of Business:

94 FORT SMITH BLVD.
DELTONA, FL 32738

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5582
WINTER PARK, FL 32793

New Mailing Address:

94 FORT SMITH BLVD.
DELTONA, FL 32738

FEI Number: 20-0403614 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

VALDEZ, LUIS E
94 FORT SMITH BLVD
DELTONA, FL 32738 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: MGR () Delete
Name: VALDEZ, LUIS E
Address: P.O. BOX 5582
City-St-Zip: WINTER PARK, FL 32793

Title: MGRM () Delete
Name: RUIZ-VALDEZ, MELINDA
Address: P.O. BOX 5582
City-St-Zip: WINTER PARK, FL 32793

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VALDEZ, LUIS E
Address: 94 FORT SMITH BLVD
City-St-Zip: DELTONA, FL 32738

Title: MGRM (X) Change () Addition
Name: RUIZ-VALDEZ, MELINDA
Address: 94 FORT SMITH BLVD
City-St-Zip: DELTONA, FL 32738

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: LUIS E VALDEZ

MGR

05/02/2008

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