2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 06, 2005
Secretary of State

DOCUMENT# L03000047709

Entity Name: RESIDENTIAL PROPERTY SOLUTIONS, LLC

Current Principal Place of Business:

P.O. BOX 3955
SEMINOLE, FL 33775 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3955
SEMINOLE, FL 33775 US

New Mailing Address:

FEI Number: 14-1900481 **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:

KIMBERLY PHILLIPS-HAIKARA ATTORNEY AT LAW
10225 ULMERTON ROAD
SUITE 4D
LARGO, FL 33771 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/MEMBERS:

Title:	MGRM	( ) Delete
Name:	REYNOLDS, LAUREN A	
Address:	P.O. BOX 3955	
City-St-Zip:	SEMINOLE, FL 33775 US	
Title:	MGRM	( ) Delete
Name:	BARLET, CHARLES W	
Address:	P.O. BOX 3955	
City-St-Zip:	SEMINOLE, FL 33775 US	
Title:	MGRM	( ) Delete
Name:	REYNOLDS, REBECCA D	
Address:	P.O. BOX 3955	
City-St-Zip:	SEMINOLE, FL 33775 US	
Title:	MGRM	( ) Delete
Name:	BARLET, JULIE A	
Address:	P.O. BOX 3955	
City-St-Zip:	SEMINOLE, FL 33775 US	

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:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: JULIE A. BARLET MGRM 06/06/2005

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