

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000053230

FILED
Apr 03, 2007
Secretary of State

Entity Name: FIRST AMERICAN REAL ESTATE RESOURCES-2, LLC

Current Principal Place of Business:

501 NORTH CAUSEWAY
706
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

901 DOUGLAS AVE
200
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

501 NORTH CAUSEWAY
706
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

PO BOX 941672
MAITLAND, FL 32794

FEI Number: 52-2436822

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ASHE, PAUL R ESQ
901 DOUGLAS AVE STE 200
ALTAMONTE SPRINGS, FL 32714 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: ASHE, PAUL R
Address: 4860 SOUTH ATLANTIC AVE.
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: MGR () Delete
Name: CLARK, HARVIN
Address: 52 RICHMOND DR
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ASHE, PAUL R
Address: 901 DOUGLAS AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MRG (X) Change () Addition
Name: CLARK, HARVIN
Address: 52 RICHMOND DR
City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL R. ASHE, ESQ.

MGR

04/03/2007

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