

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 19, 2005 8:00 am  
Secretary of State

04-19-2005 90016 041 \*\*\*\*50.00

DOCUMENT # L03000054332

1. Entity Name  
REALESTATEPRO LLC



Principal Place of Business  
40 N FEDERAL HIGHWAY  
DANIA BEACH, FL 33004

Mailing Address  
40 N FEDERAL HIGHWAY  
DANIA BEACH, FL 33004

2. Principal Place of Business

12555 Orange Dr

Suite, Apt. #, etc.  
223

City & State  
Danie FL

Zip  
33330

3. Mailing Address

12555 Orange Dr

Suite, Apt. #, etc.  
223

City & State  
Danie FL

Zip  
33330

Country

03022005 Chg-LLC CR2E083 (10/03)

4. FEI Number

20-0501650

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MATTHEWS, BRETT  
40 N FEDERAL HIGHWAY  
DANIA BEACH, FL 33024

7. Name and Address of New Registered Agent

Name  
BRETT MATTHEWS

Street Address (P.O. Box Number is Not Acceptable)

12555 Orange Dr

# 223

City  
Danie

FL

Zip Code 33330

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

Signature of individual or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-2-05

Filing Fee is \$50.00  
Due by May 1, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MATTHEWS, BRETT  
40 N FEDERAL HIGHWAY  
DANIA BEACH, FL 33004 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BRETT MATTHEWS  
12555 Orange Dr #223 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Danie FL 33330 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-2-05

954-605-3325

Date

Daytime Phone #