2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000054332

1. Entity Name REALESTATEPRO LLC



FILED Feb 16, 2006 08:00 AM Secretary of State

Principal Place of Business

Malling Address

12555 ORANGE DR

12555 ORANGE DR

DAVIE, FL 33330 US

DAVIE, FL 33330 US



02092006 No Chg-LLC

CR2E083 (11/05)

4.	FEI Number	
	20-0501650	

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

8.	Name	and	Address	of	Current	Reg	gistered	Agen

DO NOT WRITE IN THIS SPACE

	VS, BRETT ANGE DR	}	DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for the purpose of chalons of registered agent.) anging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar wit	th, and accept			
	Sgreture, typed or printed name of repistered again and title if applicable ling Fee is \$50.00 ue by May 1, 2006	(NOTE. Registered Agent signature required when reinstating)	DATE				
).	MANAGING MEMBERS/MANAGERS MGRM						
iame Street address XTY-ST-157	MATTHEWS, BRETT 12555 ORANGE DR #223 DAVIE, FL 33330		U00 <u>0</u> 00435922				
itle Dame Treet address ITY-ST-ZIP			_02/27/06-80013-009 S().00			
ITLE IAME TREET ADORESS RIY-ST-ZIP		DO	NOT WRITE	***************************************			
ITLE IAME TREET ADDRESS ITY-ST-ZIP		IN	THIS SPACE				
ITLE AMIL TREET ADDRESS			en en en en en				

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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 execution of the execution of the limited liability company or the execution of the limited liability company or the execution of the limited liability company or the execution of the execution of the limited liability company or the execution of the execution of

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytima Phone 6