

Amended


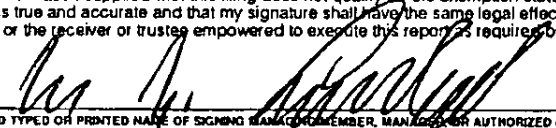
**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

5/18/2005-90245-013-\$50.00-\$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 DEC -1 AM 10:35



1st MOORE CR2E083 (10/04)

DOCUMENT # L04000003945					
1. Entity Name S.L. REAL ESTATE SERVICES, LLC					
Principal Place of Business 6117 ADAMSVILLE ROAD GIBSONTON FL 33534 US			Mailing Address 6117 ADAMSVILLE ROAD GIBSONTON FL 33534 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 56-2536002	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STEWART, MANDRA L 6117 ADAMSVILLE ROAD GIBSONTON FL 33534				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering)					
DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGR <input type="checkbox"/> Delete				
NAME	STEWART, MANDRA L				
STREET ADDRESS	6117 ADAMSVILLE ROAD				
CITY- ST- ZIP	GIBSONTON FL 33534				
TITLE	MGRM <input type="checkbox"/> Delete				
NAME	LOVELAND, BENJAMIN R				
STREET ADDRESS	6117 ADAMSVILLE ROAD				
CITY- ST- ZIP	GIBSONTON FL 33534				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
10. ADDITIONS/CHANGES					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
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:  4-29-05 813-741-3678					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE					