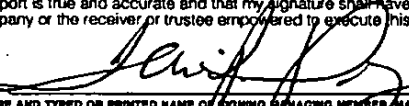


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/29/2005-90035-029-\$50.00-\$50.00

DOCUMENT # L04000007838 1. Entity Name REAL ESTATE SOLUTIONS GROUP, LLC						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 OCT 24 AM 10:47	
Principal Place of Business 4982 NW 22 AVE MIAMI, FL 33142				Mailing Address 4982 NW 22 AVE MIAMI, FL 33142			
2. Principal Place of Business 15042 SW 10 STREET				3. Mailing Address 15042 SW 10 STREET			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State PEMBROKE PINES, FL				City & State PEMBROKE PINES, FL			
Zip 33027		Country US		Zip 33027		Country US	
4. FEI Number 86-1094649				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent PAGE, TERRI 4982 NW 22 AVE MIAMI, FL 33142				7. Name and Address of New Registered Agent Name TERRI PAGE Street Address (P.O. Box Number is Not Acceptable) 15042 SW 10 STREET City PEMBROKE PINES, FL Zip Code 33027			
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  DATE _____ Signature, typed or printed name of registered agent and legal representative. (NOTE: Registered Agent signature required when reinstating)							
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAGE, TERRI 4982 NW 22 AVE MIAMI, FL 33142	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TERRI PAGE 15042 SW 10 STREET PEMBROKE PINES, FL 33027		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TURNER, ERIC 1516 SW 82 CIR LN #99 MIAMI, FL 33193	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	FAITH JONES 6000 NW 8 AVE MIAMI, FL 33127		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			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 				Date 4/10/05 Daytime Phone # 786.344.3440			