2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 24 AM 10:47

DOCUMENT # L04000007838

1. Entity Name
REAL ESTATE SOLUTIONS GROUP, LLC

Principal Place of Business	Mailing Address
4982 NW 22 AVE MIAMI, FL 33142	4982 NW 22 AVE MIAMI, FL 33142

04052005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
15842 SW 10 STREET	15842 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	7. Name and Address of New Registered Agent
PAGE, TERRI 4982 NW 22 AVE MIAMI, FL 33142	Name: TERRI PAGE Street Address (P.O. Box Number is Not Acceptable): 15842 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: Terri Page DATE
Signature, typed or printed name of registered agent and title if applicable. (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 15842 SW 10 STREET PEMBROKE PINES, FL 33027	☑ Change ☐ Addition
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	MGR FAITH JONES 6020 NW 8 AVE MIAMI, FL 33127	☐ 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	REINSTATEMENT 205	☐ 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: [signature] 4/5/05 786.344.3440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #