

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012694

FILED
Apr 15, 2005
Secretary of State

Entity Name: THE REAL ESTATE LAW FIRM, L.C.

Current Principal Place of Business:

6151 LAKE OSPREY DR 3RD FLOOR
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

6151 LAKE OSPREY DR 3RD FLOOR
SARASOTA, FL 34240

New Mailing Address:

FEI Number: 83-0385299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FILCOFF, DEREK L
820 ALBEE ROAD
SUITE 8
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

FILCOFF, DEREK L
6151 LAKE OSPREY DRIVE
THIRD FLOOR
SARASOTA, FL 34240 US

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.

SIGNATURE: DEREK FILCOFF

04/15/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: FILCOFF, DEREK L ESQ.
Address: 820 ALBEE ROAD, SUITE 8
City-St-Zip: NOKOMIS, FL 32475

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FILCOFF, DEREK L ESQ.
Address: 6151 LAKE OSPREY DRIVE, 3RD FLOOR
City-St-Zip: SARASOTA, FL 34240

Title: MGRM () Change (X) Addition
Name: HUNT, CHRISTOPHER J
Address: 6151 LAKE OSPREY DRIVE, 3RD FLOOR
City-St-Zip: SARASOTA, FL 34240

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DEREK FILCOFF

MGRM

04/15/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date