2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED Jan 31, 2008 08:00 AN Secretary of State DOCUMENT # L04000018230 1. Entity Name REO, LLC Principal Place of Business Mailing Address 707 SOUTH STREET 707 SOUTH STREET KEY WEST FL 33040 KEY WEST FL 33040 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 20-1034940 Not Applicable Ζip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo GUTTENMACHER, EDWARD P ESQ Street Address (P.O. Box Number is Not Acceptable) 2600 DOUGLAS RD, PENTHOUSE 8 CORAL GABLES FL 33134 City Zip Code FL 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, typed or or predinance of registered agent and title. Les purable (NOTE: Registered Agent's guidare required when remetaling) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES THILE MGRM MUE Delete ☐ Change Addition NAME MARK E. OROFINO LIVING TRUST RAME STREET ADDRESS 707 SOUTH STREET STREET ADDRESS U000000808619 CHY-SI-ZIP 02/07/08-80056-006 138.75 KEY WEST FL 33040 CITY - ST - Z:P THLE 🔲 Change Defete TITLE Addition NAME N:AME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY ST-ZP THE ☐ Delete MILL Change Addition DAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z:P THILE ☐ Delete TITLE Change ☐ Addition NAME STRUET ADDRESS STREET ADDRESS CHY-S1-ZIP CITY-S1-GP Delete TiTLE Change 🔲 Addition NAME STREET ADDITIONS STREET ADDRESS CHY-ST-ZIP CHY- ST- 72P THEF ☐ Delote TiTLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADOPESS CITY+SI+ZIP CITY-ST-ZIP

11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 fiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: NV V V V SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/28/08

CauraPerca