

2008-07-29 13:25

BERNHARD W STALZER RFG

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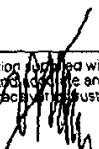
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2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/14/2008-90078-018-\$138.75-\$138.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 14 AM 10:40

DOCUMENT # L04000018672			
1. Entry Name REAL ESTATE EXCHANGE FACILITATORS, LLC			
Principal Place of Business 18 N.W. 3RD AVENUE OCALA, FL 34475		Mailing Address 18 N.W. 3RD AVENUE OCALA, FL 34475	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 1352	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State OCALA, FLORIDA		4. FEI Number 43-2045504	
Zip 34478	Country	City OCALA, FLORIDA	Country
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		07182008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent BULLARD, J. WARREN 18 N.W. 3RD AVENUE OCALA, FL 34475		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 Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when re-registering) DATE	
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STALZER, BERNHARD W 18 N.W. 3RD AVENUE OCALA, FL 34475 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information furnished with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and correct 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 authorized trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE:  BERNHARD W. STALZER		7/14/2008 3523681086	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	