
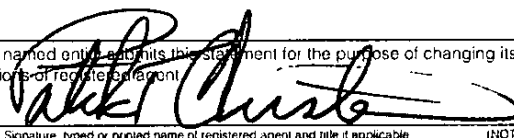
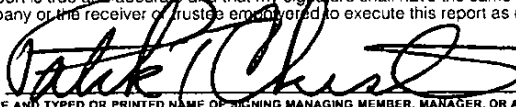


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90258 004 \*\*\*\*50.00

<b>DOCUMENT # L04000039028</b> 1. Entity Name REC MANAGEMENT COMPANY, LLC					
Principal Place of Business 722 VASSAR STREET ORLANDO, FL 32804 US			Mailing Address PO BOX 547037 ORLANDO, FL 32854-7037 US		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-2653282	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  REAL ESTATE COLLABORATIVE, LLC 722 VASSAR STREET ORLANDO, FL 32804				7. Name and Address of New Registered Agent Name Patrick T. Christiansen Street Address (P.O. Box Number is Not Acceptable) 420 South Orange Avenue, Suite 1200 City Orlando FL Zip Code 32801	
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  <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE 3/14/06	
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REAL ESTATE COLLABORATIVE LLC PO BOX 547037 ORLANDO, FL 328547037			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied 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 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 employed to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 				Date 3/14/06 407.423.4000	