2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 25, 2007 8:00 am Secretary of State

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DOCUMENT # L04000047468 1. Entity Name REAL PROPERTY EXCHANGE SERVICES, LLC							01-25-2007 9	•		
Principal Place of Business Mailing Address						— 2600~-	_			
2725 ST. THOMAS DRIVE			2725 ST. THOMAS DRIVE							
PUNTA GORDA, FL 33950			PUNTA GORDA, FL 33950							
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2 Principal P	lace of Busin	secs - No P.O. Boy #	3. Mailing Address							
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				ENIN BINI BUN ENIN EN		DIA MANDAM MANDA 1201	HERT IN APPR
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01232007	05-110	00050	00 (40(00)	
					01232007	Chg-LLC	CRZEU	83 (12/06)		
City & State		City & State		4. FEI Numb				plied For		
7:-		C	 			76-076	1348			t Applicable
Zip	1	Country	Zip Cour		5. Certificate		of Status Desired		\$5.00 Add Fee Required	
6. Name and Address of Current Registered Agent						7. Name and	Address of New R			
 -					Name			-8.0.0.00	-80	
HUGHES, LINDA J										
2725 ST. THOMAS DRIVE			Street Address		ss (P.O. Box Numb	er is Not Acceptable	e)			
PUNTA GO	ORDA, FL	33950		ļ-						
									T = -	
				'	City FL Zip Code			9		
8. The above			or the purpose of changing its	registered o	office or regis	stered agent, or bo	th, in the State of Fig	rida. I am	familiar with,	and accept
	tions of regist	ered agent.								
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the obligat		or printed name of registered agent	and title if applicable. (NOTE	E: Registered Ag	gent signature req	cured when reinstating)		DATE		
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signature	Signature, typed	or printed name of registered agent is \$50.00 y 1, 2007		E: Registered Ag	gent signature req	pured when rengisting)	Florida	e check p a Departm	ent of State	9
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the obligate SIGNATURE	Signature, typed	or printed name of registered agent is \$50.00 y 1, 2007 MANAGING MEMBI		10.	gent signature req	pured when reinstating)	Florida	e check p a Departm	ent of State	
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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 of the statutes.

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP