


FILED
Aug 22, 2005 8:00 am
Secretary of State

08-01-2005 90093 027 ****50.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000048352			
1. Entity Name ADVANTAGE REAL ESTATE LLC			
Principal Place of Business 8001 BRADDOCK ROAD SUITE 101 SPRINGFIELD, VA 22151		Mailing Address 8001 BRADDOCK ROAD SUITE 101 SPRINGFIELD, VA 22151	
2. Principal Place of Business 8001 BRADDOCK ROAD Suite, Apt. #, etc. SUITE 101 City & State SPRINGFIELD, VA Zip 22151 Country USA		3. Mailing Address 8001 BRADDOCK ROAD Suite, Apt. #, etc. SUITE 101 City & State SPRINGFIELD, VA Zip 22151 Country USA	
4. FEI Number 54-1762503		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent HARDY, ROBERT S 3456 S. OCEAN BLVD. #816 PALM BEACH, FL 23840		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. ROBERT SCOTT HARDY, OWNER SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HARDY, ROBERT S 8001 BRADDOCK RD., SUITE 101 SPRINGFIELD, VA 22151 <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
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
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
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
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 supplied with this filing does not qualify 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 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. ROBERT SCOTT HARDY, OWNER SIGNATURE: _____ Date _____ Daytime Phone # 703-425-8100			