


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90019 001 ****50.00

DOCUMENT # L04000049236	
1. Entity Name REALTY EXECUTIVES OF FORT LAUDERDALE, LLC	

Principal Place of Business 3708 N. OCCAN BLVD FORT LAUDERDALE, FL 33308	Mailing Address 3708 N. OCCAN BLVD FORT LAUDERDALE, FL 33308
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20022150



2. Principal Place of Business 411 N. New River Dr. E. Suite, Apt. #, etc. 1106	3. Mailing Address 411 N. New River Dr. E. Suite, Apt. #, etc. 1106
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03252006 Chg-LLC CR2E083 (11/05)

City & State FT. Lauderdale	City & State FT. Lauderdale
Zip 33301	Zip 33301
Country	Country

4. FEI Number 20-1360001	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WORLDWIDE CORPRATE SERVICES, INC. 2780 EAST OAKLAND PARK BLVD FORT LAUDERDALE, FL 33306	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HVIDSTEN, ARVID 3708 NORTH OCEAN DRIVE FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HVIDSTEN, ARVID 411 N. New River Dr. E. # 1106 FT. Lauderdale, FL 33301 <input checked="" 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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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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **3/25/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #