

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90286 050 ****50.00

DOCUMENT # L04000051810 1. Entity Name INVESTOR REAL ESTATE SERVICES, LLC	
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Principal Place of Business 453 CARDINAL OAKS CT LAKE MARY FL 32746	Mailing Address 453 CARDINAL OAKS CT LAKE MARY FL 32746
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2. Principal Place of Business	3. Mailing Address PO Box 954026
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Lake Mary, FL
Zip	Country USA

20008300



1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent BONSMANN, DAVID 453 CARDINAL OAKS CT LAKE MARY FL 32746	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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BONSMANN, DAVID 453 CARDINAL OAKS CT LAKE MARY FL 32746 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BONSMANN, DERRICK 453 CARDINAL OAKS CT LAKE MARY FL 32746 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BONSMANN, JARROD 453 CARDINAL OAKS CT LAKE MARY FL 32746 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BONSMANN, SHANNON 453 CARDINAL OAKS CT LAKE MARY FL 32746 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DONNELLY, GREG 502 DEVON PLACE HEATHROW FL 32746 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-31-05