2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

FILED Mar 27, 2006 8:00 am Secretary of State 03-27-2006 90044 041 ****50.00

3-24-06

Davtime Phone #

Date

DOCUMENT # L04000051810 1. Entity Name INVESTOR REAL ESTATE SERVICES, LLC						03-27-2000	20074 071	50	,,,,,,
Principal Place of Business 453 CARDINAL OAKS CT LAKE MARY, FL 32746		Mailing Address PO BOX 954026 LAKE MARY, FL 32795			1 10011011) 68 8 6 4 1:185		BE I 104 1 08 4
2. Principal Place of Business		3. Mailing Address 717 East Oak Street							
Suite, Apt. #, etc.		Suile, Apt. #, etc.			03032006 Chg-LLC CR2E083 (11/05)				
City & State		City & State Kissimmee, FL		4. FEI Numb			-	plied For t Applicable	
Zip	Country	Zip 34744	Count	us US		of Status Desired	Fe	5.00 Add e Required	
	6. Name and Address of Current F		7. Name and Address of New Registered Agent Name						
	NN, DAVID INAL OAKS CT					P.O. Box Number is Not Acceptable)			
	RY, FL 32746					· · · · · · · · · · · · · · · · · · ·			
				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.									
SIGNATURE									
		1							
Filing Fee is \$50.00 Due by May 1, 2006							e check pay Departmen		•
9. MANAGING MEMBERS/MANAGERS			10.			ADDITIONS/	CHANGES	•	
TITLE	MGRM	□ Delete TITL						Change	☐ Addition
NAME			NAM						į
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
			TITLE					Change	☐ Addition
TITLE NAME	BONSMANN, DERRICK						L	_ Change	☐ Audition
STREET ADDRESS			STRE	ET ADDRESS					
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY	-ST-ZIP					
TITLE			TITLE					Change	☐ Addition
NAME .			. NAM	E Et address		-			
STREET ADDRESS CITY+ST-ZIP				-ST-ZIP					
TITLE			TITLE	:			Г	Change	☐ Addition
NAME	BONSMANN, SHANNON		NAM	1			_		
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY	-ST-ZIP					
TITLE	MGR	Delete TI		l l			[Change	Addition
NAME STREET ADDRESS	DONNELLY, GREG 502 DEVON PLACE			E et address					
CITY-ST-ZIP			1	-SI-ZIP					
FITLE			TITLE					Change	Addition
NAME			NAM	E					
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP		V EL 11 O			
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.									