

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000084623

FILED
Jan 04, 2006
Secretary of State

Entity Name: GITTINGS REAL ESTATE SERVICES, LLC

Current Principal Place of Business:

840 EDGEWOOD AVE. SOUTH, SUITE 216
JACKSONVILLE, FL 32205

New Principal Place of Business:

840 S. EDGEWOOD AVE. , SUITE 216
JACKSONVILLE, FL 32205

Current Mailing Address:

840 EDGEWOOD AVE. SOUTH, SUITE 216
JACKSONVILLE, FL 32205

New Mailing Address:

840 S. EDGEWOOD AVE. , SUITE 216
JACKSONVILLE, FL 32205

FEI Number: 59-3105851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUSS, ROBERT V ESQ.
C/O TAYLOR, STEWART, HOUSTON & DUSS, P.A.
1050 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

GITTINGS, ROBERT L JR.
840 S. EDGEWOOD AVE. ,
SUITE 216
JACKSONVILLE, FL 32205 US

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.

SIGNATURE: ROBERT L. GITTINGS JR.

01/04/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GITTINGS, ROBERT J JR.
Address: 840 EDGEWOOD AVE. SOUTH, SUITE 216
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GITTINGS, ROBERT J JR.
Address: 5137 ARAPAHOE AVE.
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT L. GITTINGS JR.

MGRM

01/04/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date