


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000088167 1. Entity Name REO 110 INVESTMENT, LLC	
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FILED
08 APR 23 PM 1:30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 3169 LOOKOUT TRAIL TALLAHASSEE, FL 32309	Mailing Address 3169 LOOKOUT TRAIL TALLAHASSEE, FL 32309
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State	Zip	Country

04222008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-1992944	<input type="checkbox"/> 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 PERRY, MARVIN 3169 LOOKOUT TRAIL TALLAHASSEE, FL 32309	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERRY, MARVIN	NAME	Cobb, Carl B
STREET ADDRESS	3169 LOOKOUT TRAIL	STREET ADDRESS	3173 Lookout Trail
CITY-ST-ZIP	TALLAHASSEE, FL 32309	CITY-ST-ZIP	Tallahassee, Florida 32309
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERRY, CALLIE	NAME	Cobb, Anita C
STREET ADDRESS	3169 LOOKOUT TRAIL	STREET ADDRESS	3173 Lookout Trail
CITY-ST-ZIP	TALLAHASSEE, FL 32309	CITY-ST-ZIP	Tallahassee, Florida 32309
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	000125370310
STREET ADDRESS		STREET ADDRESS	04/24/08--01002--001 **130.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	600125370506
STREET ADDRESS		STREET ADDRESS	04/24/08--01002--002 **8.75
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Marvin Perry **4-23-08 (850) 894-1728**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #