

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093582

FILED
Jan 04, 2008
Secretary of State

Entity Name: R.E.A.L. LENDING AND MARKETING SERVICES LLC

Current Principal Place of Business:

P.O BOX 43-0775
MIAMI, FL 33243

New Principal Place of Business:

9001 NW 178 STREET
MIAMI, FL 33169 US

Current Mailing Address:

1021 IVES DAIRY ROAD
111
MIAMI, FL 33179

New Mailing Address:

20641 NW 10 AVENUE
MIAMI, FL 33169 US

FEI Number: 20-2160814

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINDEMAN, JON B
P.O BOX 43-0775
MIAMI, FL 33243 US

Name and Address of New Registered Agent:

LINDEMAN, JON B
20641 NW 10 AVNUE
MIAMI, FL 33169 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: JON B LINDEMAN

01/04/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LINDEMAN, EPHYGENIA K
Address: P.O BOX 43-0775
City-St-Zip: MIAMI, FL 33243

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: LINDEMAN, EPHYGENIA K
Address: 20641 NW 10 AVENUE
City-St-Zip: MIAMI, FL 33169 US

Title: MGR () Change (X) Addition
Name: AQUINO, MELBA
Address: 3301 ACAPULCO DRIVE
City-St-Zip: HOLLYWOOD, FL 33023 US

I hereby certify that the information supplied with this filing does not qualify 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: EPHYGENIA K.LINDEMAN

PRES

01/04/2008

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