

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000002143

1. Entity Name
REAL ESTATE INVESTMENT VENTURES, LLC



Principal Place of Business
**6905 N. WICKHAM ROAD
SUITE 501
MELBOURNE, FL 32940**

Mailing Address
**6905 N. WICKHAM ROAD
SUITE 501
MELBOURNE, FL 32940**



04042008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2179589

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**KUSH, ROBERT M
6905 N. WICKHAM ROAD
SUITE 501
MELBOURNE, FL 32940**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME KUSH, ROBERT M
STREET ADDRESS 6905 N. WICKHAM ROAD, SUITE 501
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE MGR
NAME BUESCHER, KEITH
STREET ADDRESS 6905 N. WICKHAM ROAD, SUITE 501
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE MGR
NAME BUESCHER, JON
STREET ADDRESS 6905 N. WICKHAM ROAD, SUITE 501
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE MGR
NAME BUESCHER, SCOTT
STREET ADDRESS 6905 N. WICKHAM ROAD, SUITE 501
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE MGR
NAME GIRARD, SUSAN D
STREET ADDRESS 6905 N. WICKHAM ROAD, SUITE 501
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE MGR
NAME SWAIN, LINDA
STREET ADDRESS 6905 N. WICKHAM ROAD, SUITE 501
CITY-ST-ZIP MELBOURNE, FL 32940

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IN THIS SPACE**

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: _____

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

ROBERT M. KUSH

Date

Daytime Phone #

4/21/08