

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000002860

FILED  
Mar 06, 2008  
Secretary of State

Entity Name: REAL ESTATE DIAGNOSTICS, LLC

## Current Principal Place of Business:

THE KRESS BUILDING, SUITE 202  
475 CENTRAL AVENUE  
ST. PETERSBURG, FL 33701 US

## New Principal Place of Business:

C/O ERNEST L. MASCARA  
721 FIRST AVENUE NORTH  
ST. PETERSBURG, FL 33701 US

## Current Mailing Address:

THE KRESS BUILDING, SUITE 202  
475 CENTRAL AVENUE  
ST. PETERSBURG, FL 33701 US

## New Mailing Address:

C/O ERNEST L. MASCARA  
PO BOX 266  
ST. PETERSBURG, FL 33731 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MASCARA, ERNEST L  
THE KRESS BUILDING, SUITE 202  
475 CENTRAL AVENUE  
ST. PETERSBURG, FL 33701 US

## Name and Address of New Registered Agent:

MASCARA, ERNEST L  
721 FIRST AVENUE NORTH  
ST. PETERSBURG, FL 33701 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: ERNEST L. MASCARA

03/06/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: HANNER, JOHN C  
Address: 1143 45TH AVENUE N.E.  
City-St-Zip: ST. PETERSBURG, FL 33703 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOHN C. HANNER

MGR

03/06/2008

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