2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 07, 2006 8:00 am Secretary of State **DOCUMENT # L05000008671** 04-07-2006 90211 030 ****50.00 REAL ESTATE WIZARD, LLC Principal Place of Business Mailing Address 1358 S.W. DALTON AVENUE 1358 S.W. DALTON AVENUE PORT ST. LUCIE, FL 34953 PORT ST. LUCIE, FL 34953 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 83-0418165 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUHAMEL, DAVID M Street Address (P.O. Box Number is Not Acceptable) 1358 S.W. DALTON AVENUE PORT ST. LUCIE, FL 34953 Zip Code 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 Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGRM TIFLE ☐ Delete TITLE ☐ Channe Addition NAME DUHAMEL, DAVID M NAME STREET ADDRESS 1358 S.W. DALTON AVENUE STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE, FL 34953 CITY-ST-ZIP TITS F Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COY-ST-71P TITLE ☐ Delete TITS F ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATI IRF

stuffemel MGAM

4/3/2006

FILED