2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 28, 2007
Secretary of State

DOCUMENT# L05000037335

Entity Name: THE REALTOR GROUP,LLC

Current Principal Place of Business:

1002 APOPKA WOODS LANE
ORLANDO, FL 32824

New Principal Place of Business:

11757 S ORANGE BLOSSOM TRAIL
C
ORLANDO, FL 32837

Current Mailing Address:

1002 APOPKA WOODS LANE
ORLANDO, FL 32824

New Mailing Address:

11757 S ORANGE BLOSSOM TRAIL
C
ORLANDO, FL 32837

FEI Number: 68-0615808 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ALL ABOUT FINANCE AND MORE, LLC
1633 E. VINE ST
SUITE 216
KISSIMMEE, FL 34743 US

Name and Address of New Registered Agent:

L. BRUCE SWIRREN,P.A.
1516 E HILLCREST STREET
200
ORLANDO, FL 32803 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: L. BRUCE SWIRREN 08/28/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SUAREZ, MANUELA
Address: 13256 SO BRADO DR
City-St-Zip: ORLANDO, FL 32837

Title: MGRM ( ) Delete
Name: CARDENAS, CAROLINA
Address: 11757 S. ORANGE BLOSSOM TRAIL SUITE C
City-St-Zip: ORLANDO, FL 32837

Title: MGRM ( ) Delete
Name: FAVRETTO, ELIZABETH M
Address: 11757 S. ORANGE BLOSSOM TRAIL SUITE C
City-St-Zip: ORLANDO, FL 32837

Title: MGRM ( ) Delete
Name: URIBE, GERMAN
Address: 11757 S.ORANGE BLOSSOM TRAIL SUITE C
City-St-Zip: ORLANDO, FL 32837

Title: MGRM ( ) Delete
Name: RAMIREZ, CECILIA E
Address: 11757 S.ORANGE BLOSSOM TRAIL SUITE C
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SUAREZ, MANUELA
Address: 13256 SOBRADO DR
City-St-Zip: ORLANDO, FL 32837

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

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

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

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: CAROLINA CARDENAS MGRM 08/28/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date