

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000041699

FILED
Mar 06, 2007
Secretary of State

Entity Name: REBELLO REAL ESTATE VENTURES INC.

Current Principal Place of Business:

10911 BONITA BEACH ROAD
2011
BONITA SPRINGS, FL 34135

New Principal Place of Business:

9420 FOUNTAIN MEDICAL CT
101
BONITA SPRINGS, FL 34135

Current Mailing Address:

10911 BONITA BEACH ROAD
2011
BONITA SPRINGS, FL 34135

New Mailing Address:

9420 FOUNTAIN MEDICAL CT
101
BONITA SPRINGS, FL 34135

FEI Number: 20-2883704

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REBELLO, KAREY
10911 BONITA BEACH ROAD
2011
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

REBELLO, KAREY
9420 FOUNTAIN MEDICAL CT
101
BONITA SPRINGS, FL 34135 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: _____

03/06/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: REBELLO, ROBERT
Address: 9734 SILVERCREEK CT
City-St-Zip: ESTERO, FL 33928 US

Title: MGRM () Delete
Name: REBELLO, KAREY
Address: 9734 SILVERCREEK CT
City-St-Zip: ESTERO, FL 33928

ADDITIONS/CHANGES:

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 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: KAREY REBELLO

MGRM

03/06/2007

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