

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000041699

FILED  
May 22, 2008  
Secretary of State

**Entity Name:** REBELLO REAL ESTATE VENTURES INC.

**Current Principal Place of Business:**

9420 FOUNTAIN MEDICAL CT  
101  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

9420 FOUNTAIN MEDICAL CT  
101  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

FEI Number: 20-2883704      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:**

**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: \_\_\_\_\_

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: MGR (X) Change ( ) Addition  
Name: REBELLO, ROBERT  
Address: 9420 FOUNTAIN MEDICAL CT #101  
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: MGRM (X) Change ( ) Addition  
Name: REBELLO, KAREY  
Address: 9420 FOUNTAIN MEDICAL CT #101  
City-St-Zip: BONITA SPRINGS, FL 34135

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: KAREY REBELLO

MGRM

05/22/2008

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