
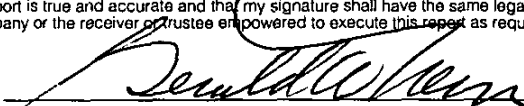


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90056 045 ****50.00

DOCUMENT # L05000043290 1. Entity Name FERN R.E. INVESTMENT, L.L.C.					
Principal Place of Business 3045 S A1A #502 MELBOURNE BEACH, FL 32951			Mailing Address 3045 S A1A #502 MELBOURNE BEACH, FL 32951		
2. Principal Place of Business 7275 ESTAPONA CIR Suite, Apt. #, etc.		3. Mailing Address P.O. Box 300345 Suite, Apt. #, etc.			
City & State FERN PARK, FL Zip 32730		City & State FERN PARK, FL Zip 32730-0345		4. FEI Number 20-2789109 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01242006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent NEWMAN, GERALD W 3045 S. A1A, #501 MELBOURNE BEACH, FL 32951			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7275 ESTAPONA CIR City FL Zip Code 32730		
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 _____ (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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			Date 04/28/06 Daytime Phone # (407) 6737406		