

LOS000044333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

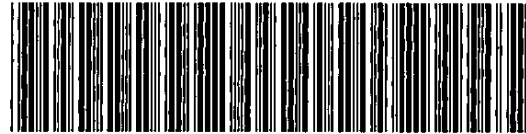
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/12/06--01032--019 **55.00

FILED
06 JUL 12 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KILLIAN GROUP LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DOUGLAS MERCADO

(Name of Person)

KILLIAN GROUP LLC

(Firm/Company)

600 BRICKELL AVENUE SUITE 200A

(Address)

MIAMI, FLORIDA 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

HANS ROHNER

(Name of Person)

at (305) 379-9901

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee &
Certified Copy



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS


RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, DOUGLAS MERCADO, hereby resign as MANAGER
(Title)

of KILLIAN GROUP, LLC
(Limited Liability Company)

a limited liability company organized under the laws of the State of FLORIDA

and affirm that the limited liability company has been notified in writing of the resignation.


(Signature of resigning manager, managing member or member)

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
06 JUL 12 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GP0600001398

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REEL-ESTATE PARTNERSHIP
(Name of Partnership)

DOCUMENT NUMBER: GP0100000357

The enclosed Amendment to Partnership Registration and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CATHERINE MEACHUM, PARTNER
(Name of Person)

REEL-ESTATE PARTNERSHIP
(Firm/Company)

GP0600001398-3
07/10/06--01028--012 **25.00

16114 ARMISTEAD LANE
(Address)

ODESSA, FL 33556
(City/State and Zip Code)

FILED
06 JUL 14 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Catherine A. Meachum at (817) 247-5877
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

AMENDMENT TO PARTNERSHIP REGISTRATION

Pursuant to section 620.8105(7), Florida Statutes, this partnership submits the following to amend its registration:

(Note: An amendment to a partnership registration cannot be filed with the Florida Department of State unless a partnership registration was previously filed and is of record with this office.)

FIRST: The name of the partnership is: REEL-ESTATE PARTNERSHIP

SECOND: The partnership was registered with the Florida Department of State on 3-5-01 and assigned registration number GP0100000357.

THIRD: Amendment(s): (Indicate and identify substance of what is being amended, added, or deleted)

CHANGE OF ADDRESS (NO CHANGE TO AGENT NAME)

OLD: 5115 N. SUWANNE AVE / TAMPA, FL 33603

OLD: 16114 ARMISTEAD LANE / BOESSA FL 33556

NEW PRINCIPAL ADDRESS AND AGENT ADDRESS:

1260 WEST LAKE HAMILTON DR. / WINTER HAVEN, FL 33881

FOURTH: Effective date, if other than the date of filing: 7-3-06.
(Effective date cannot be prior to the date of filing nor more than 90 days after the date of filing.)

The execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this 2 day of July, 2006.

Signatures of a partner or authorized person: Catherine A. Meachum

Typed or printed name of person signing above: CATHERINE A. MEACHUM

Filing Fee:	\$25.00
Certified copy:	\$52.50 (optional)
Certificate of Status:	\$ 8.75 (optional)

Make checks payable to Florida Department of State and mail to:
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA