

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90061 012 \*\*\*\*50.00

40023365



03132006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-3699569** Applied For ☐ Not Applicable ☐  
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L05000063724

1. Entity Name  
REAL ESTATE EQUITY PARTNERS SEVEN, LLC



Principal Place of Business  
4532 US HIGHWAY 19, 2ND FLOOR  
NEW PORT RICHEY, FL 34652

Mailing Address  
4532 US HIGHWAY 19, 2ND FLOOR  
NEW PORT RICHEY, FL 34652

2. Principal Place of Business  
**7916 Evolutions Way**  
Suite, Apt. #, etc. **Suite 106**  
City & State **Trinity, FL**  
Zip **34655** Country **USA**

3. Mailing Address  
**7916 Evolutions Way**  
Suite, Apt. #, etc. **Suite 106**  
City & State **Trinity, FL**  
Zip **34655** Country **USA**

6. Name and Address of Current Registered Agent

GILMORE, DAVID C  
7620 MASSACHUSETTS AVE  
NEW PORT RICHEY, FL 34653

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAMM REAL ESTATE GROUP, LLC 4532 US HIGHWAY 19, 2ND FLOOR NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>7916 Evolutions Way, Suite 106</b> <b>Trinity, FL 34655</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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"/> 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/13/06  
Date

Daytime Phone #