## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000067148

FILED Apr 30, 2006 Secretary of State

Entity Name: RAINBOW OF HOPE DREAM CENTER REALTY SERVICES, LLC

Current Principal Place of Business: New Principal Place of Business:

17623 HOMESTEAD AVE PO BOX 836182 MIAMI, FL 33157 MIAMI, FL 33283

Current Mailing Address: New Mailing Address:

 17623 HOMESTEAD AVE
 PO BOX 836182

 MIAMI, FL 33157
 MIAMI, FL 33283

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JOHNSON, S SJO ASSOCIATES 17623 HOMESTEAD AVE SJO ASSOCIATES 7 PALMS PLAZA

MIAMI, FL 33157 US HOMESTEAD, FL 33030 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: STEPHANYE JOHNSON 04/30/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR (X) Delete Title: ( ) Change ( ) Addition

 Name:
 SHEPPARD, CASSANDRA
 Name:

 Address:
 17623 HOMESTEAD AVE
 Address:

 City-St-Zip:
 MIAMI, FL 33157
 City-St-Zip:

Title: MGR ( ) Delete Title: MGRM (X) Change ( ) Addition Name: JOHNSON, STEPHANYE Name: JOHNSON, STEPHANYE

 Address:
 17623 HOMESTEAD AVE
 Address:
 7 PALMS PLAZA

 City-St-Zip:
 MIAMI, FL 33157
 City-St-Zip:
 HOMESTEAD, FL 33030

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 MALONE, CARLOS L SR
 Name:
 MALONE, CARLOS L SR

 Address:
 17623 HOMESTEAD AVE
 Address:
 PO BOX 90987

City-St-Zip: MIAMI, FL 33157 Address: FO BOX 90987

City-St-Zip: HOMESTEAD, FL 33090

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: STEPHANYE JOHNSON MGRM 04/30/2006