

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000079573

**FILED**  
**Feb 16, 2007**  
**Secretary of State**

**Entity Name:** R&E REAL ESTATES SOLUTIONS, LLC

**Current Principal Place of Business:**

1511 STARGAZER TERRACE  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

1511 STARGAZER TERRACE  
SANFORD, FL 32771

**New Mailing Address:**

FEI Number: 20-3319462

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LACOURT, RICARDO J  
519 CIDERMILL PLACE  
LAKE MARY, FL 32746 US

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

LACOURT, RICARDO J  
1511 STARGAZER TERRACE  
SANFORD, FL 32771 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:

02/16/2007

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LACOURT, RICARDO J  
Address: 1511 STARGAZER TERRACE  
City-St-Zip: SANFORD, FL 32771

Title: MGRM ( ) Delete  
Name: CUPELES, EVELYN  
Address: 1511 STARGAZER TERRACE  
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RICARDO J LACOURT

MGRM

02/16/2007

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