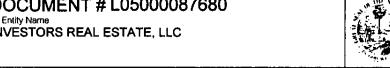
2008 LIMITED LIABILITY COMPANY ANNUAL REPORT **DOCUMENT # L05000087680** INVESTORS REAL ESTATE, LLC

FILED Feb 04, 2008 08:00 Al Secretary of State



DO NOT WRITE IN THIS SPACE

452 NW DOVER CT

Principal Place of Business

Mailing Address

PORT ST LUCIE, FL 34983

452 NW DOVER CT

PORT ST LUCIE, FL 34983 US

01282008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 55-0904833

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SYDORKO, PHILIP M 452 NW DOVER CT PORT ST LUCIE, FL 34983 DO NOT WRI

		IN INIS SPACE
8. The above the obligat	e named entity submits this statement for the purpose of char- tions of registered agent.	nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating) DATE
File After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	
9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR .	
NAME	SYDORKO, PHILIP M	
STREET ADDRESS	452 NW DOVER CT	·
CITY-ST-ZIP	PORT ST LUCIE, FL 34983	<u> </u>
TITLE		02/14/08-80010-017 138.75
NAME	·	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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CITY-ST-ZIP		DO NOT WRITE
TITLE NAME		IN THIS SPACE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		i
NAME		
STREET ADDRESS		

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	
SHENDIHEE.	

CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTI

NAME OF SIGNING HANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #