

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096478

FILED
Jul 12, 2006
Secretary of State

Entity Name: REAL ESTATE SOLUTIONS LLC

Current Principal Place of Business:

4155 VERMONT BLVD
ELKTON, FL 32033

New Principal Place of Business:

Current Mailing Address:

4155 VERMONT BLVD
ELKTON, FL 32033

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MILLER, DAVID A
4155 VERMONT BLVD
ELKTON, FL 32033 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MILLER, DAVID A
Address: 4155 VERMONT BLVD
City-St-Zip: ELKTON, FL 32033

Title: MGR () Delete
Name: MITCHEM, TIMOTHY R
Address: 4155 VERMONT BLVD
City-St-Zip: ELKTON, FL 32033

Title: MGRM () Delete
Name: MITCHEM, SHERRY R
Address: 4155 VERMONT BLVD
City-St-Zip: ELKTON, FL 32033

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MILLER, DAVID A
Address: 3413 6 TH ST
City-St-Zip: ELKTON, FL 32033

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: DAVID MILLER

OWNS

07/12/2006

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