

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000096478

FILED
Jul 13, 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:**3413 6TH ST
ELKTON, FL 32033**Current Mailing Address:**4155 VERMONT BLVD
ELKTON, FL 32033**New Mailing Address:**3413 6TH ST
ELKTON, FL 32033**FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MILLER, DAVID A
4155 VERMONT BLVD
ELKTON, FL 32033 US**Name and Address of New Registered Agent:**MILLER, DAVID A
3413 6TH ST
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:

07/13/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGR () Delete
Name: MILLER, DAVID A
Address: 3413 6 TH ST
City-St-Zip: ELKTON, FL 32033Title: MGR () Delete
Name: MITCHEM, TIMOTHY R
Address: 4155 VERMONT BLVD
City-St-Zip: ELKTON, FL 32033Title: MGRM () Delete
Name: MITCHEM, SHERRY R
Address: 4155 VERMONT BLVD
City-St-Zip: ELKTON, FL 32033**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
City-St-Zip: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

07/13/2006

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