2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000097928

1. Entity Name
REAL ESTATE MANAGEMENT SERVICES, LLC

Principal Place of Business	Mailing Address
400 SEABREEZE BLVD DAYTONA BEACH, FL 32118 US	400 SEABREEZE BLVD DAYTONA BEACH, FL 32118 US

2. Principal Place of Business - No P.O. Box #
539 N Oleander Ave
Suite, Apt. #, etc.

City & State
Daytona Beach FL
Zip 32118   Country USA

3. Mailing Address
539 N Oleander Ave
Suite, Apt. #, etc.

City & State
Daytona Beach FL
Zip 32118   Country USA

04252007   Chg-LLC   CR2E083 (12/06)

4. FEI Number
20-3574793
Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRETZEL, MIKE 400 SEABREEZE BLVD DAYTONA BEACH, FL 32118	Name ___ Street Address (P.O. Box Number is Not Acceptable) 539 N Oleander Avenue City Daytona Beach FL Zip Code 32118

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _Mike Bretzel, MGR_

(Signature, typed or printed name of registered agent and title if applicable.)   (NOTE: Registered Agent signature required when reinstating)

DATE 4/25/2007

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE MGR NAME BRETZEL, MIKE STREET ADDRESS 400 SEABREEZE BLVD CITY-ST-ZIP DAYTONA BEACH, FL 32118	☐ Delete	TITLE NAME STREET ADDRESS 539 N Oleander Ave CITY-ST-ZIP Daytona Beach FL 32118	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____   4/25/2007   386 253 3744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #