


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90226 028 ****50.00

DOCUMENT # L05000116679 1. Entity Name REAL ESTATE INVESTMENT OPPORTUNITIES, LLC					
Principal Place of Business 112 KENNISON DRIVE ORLANDO, FL 32801 US			Mailing Address 112 KENNISON DRIVE ORLANDO, FL 32801 US		
2. Principal Place of Business 1604 S BUMBY AVE Suite, Apt. #, etc.		3. Mailing Address 1604 S BUMBY AVE Suite, Apt. #, etc.			
City & State ORLANDO, FL Zip 32806		City & State ORLANDO, FL Zip 32806		4. FEI Number 76-0810821	
Country USA		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				02242006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent COLEMAN, JEANETTE M 112 KENNISON DRIVE ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u><i>JH CL JEANETTE M. COLEMAN</i></u> 2/28/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JEANETTE M. COLEMAN <input type="checkbox"/> Delete 112 KENNISON DRIVE ORLANDO, FL 32801		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 50% OWNERSHIP INTEREST	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete STATEWIDE MORTGAGE FUNDING, INC. 1604 SOUTH BUMBY AVENUE ORLANDO, FL 32806		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 50% OWNERSHIP INTEREST	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Delete MURRAY GROUP, LLC 1604 SOUTH BUMBY AVENUE ORLANDO, FL 32806		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>JH M-CL</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			2/28/06 407-748-5257 <small>Date Daytime Phone #</small>		