

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000123364

Entity Name: BETTY BOHANNON, LLC

FILED
Nov 16, 2006
Secretary of State

Current Principal Place of Business:

802 2ND STREET NORTH
SUITE A
SAFETY HARBOR, FL 34695

Current Mailing Address:

802 2ND STREET NORTH
SUITE A
SAFETY HARBOR, FL 34695

New Principal Place of Business:

5557 SEA FOREST DRIVE
112
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

524 CUTTERS MILL LANE
SCHAUMBURG, IL 60194 US

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:

SHEFMAN, DAVID B
802 2ND STREET NORTH
SUITE A
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

BOHANNON, BETTY G
5557 SEA FOREST DRIVE
112
NEW PORT RICHEY, FL 34652 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: BETTY BOHANNON

11/16/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: REAL ESTATE EXCHANGE, SERVICES, INC .
Address: 802 2ND STREET NORTH, STE. A
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BOHANNON, BETTY G
Address: 524 CUTTERS MILL LANE
City-St-Zip: SCHAUMBURG, IL 60194

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: BETTY BOHANNON

MGRM

11/16/2006

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