FILED Aug 30, 2007 8:00 am Secretary of State 07-13-2007 90033 035 ****50.00

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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000006205 1. Entity Name REAL ESTATE ONE OF SOUTHWEST FLORIDA, LLC.									
Principal Place of Business 1633 PERIWINKLE WAY SUITE G SANIBEL, FL 33957 US			Mailing Address 1633 PERIWINKLE WAY SUITE G SANIBEL, FL 33957 US			30012585			
2. Principal Place of Business - No P.O. Box #			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			07092007	Chg-LLC	CR2E083 (12/	(06)
City & State			City & State			X EX Nymber	NA	<u> </u>	Applied For Not Applicable
Zip		Country	Zip	Count	ry	5. Certificate o	Status Desired		Additional
	6. Name	and Address of Current R	egistered Agent Name			7. Name and Address of New Registered Agent			
MONK, ROBERT C 1633 PERIWINKLE WAY SUITE A			Street Address		Street Address (I	(P.O. Box Number is Not Acceptable)			
SANIBEL, FL 33957									
			City					FL '	Code
 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									
Filing Fee is \$50.00 Due by September 14, 2007						Make check payable to Florida Department of Stats			
9,		MANAGING MEMBER		10.	1		ADDITIONS/		
TITLE NAME STREET ADDRESS CITY-SF-ZIP	1633 PEF	(A, BRENDA R RIWINKLE WAY STE A ., FL 33957	☐ Delete		I			∐ Chai	rge [] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			. Delete		T ADOPESS ST-ZIP	-11		☐ Char	nge 📑 Addiáion
TITLE MAME STREET ADDRESS CITY+ST-ZIP			☐ October		T ADDRESS ST-ZIP			Char	nge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			[] (Parete		T ADDRESS ST-ZIP			- Chan	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		T ADDRESS SI-ZIP			Chan	ge Addition
FITLE NAME STREET ADDRESS CITY-ST-ZIP		-	□ Delete		T ADORESS ST-ZIP			☐ Chạn	ge Addition
11. I hereby certify that the information supplied with this filling 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: DIVILA & CO QUARTA 7/10/07 239-395-2410 DENOTE PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE OUR DENOTE PROVE &									