

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000007908

FILED
Apr 17, 2007
Secretary of State

Entity Name: 1 BUYERS & SELLERS ADVANTAGE REALTY LLC

Current Principal Place of Business:

249 APOPKA COVE
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

249 APOPKA COVE
DESTIN, FL 32541

New Mailing Address:

FEI Number: 74-3160241

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEPHENS, JEFFREY
4507 FURLING LANE
SUITE 210
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CAROLLO, BEN B
Address: 249 APOPKA COVE
City-St-Zip: DESTIN, FL 32541

Title: MEM () Delete
Name: CAROLLO, BERNARD
Address: 4511 JOHN AVE
City-St-Zip: DESTIN, FL 32541

Title: MEM () Delete
Name: LOWE, JERRY ;
Address: 336 PELICAN BAY DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: CAROLLO, BERNARD
Address: 4511 JOHN AVE
City-St-Zip: DESTIN, FL 32541

Title: MGR (X) Change () Addition
Name: LOWE, JERRY ;
Address: 336 PELICAN BAY DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: BEN B CAROLLO

MGRM

04/17/2007

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