

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000007908

FILED  
Jan 08, 2009  
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: MGR ( ) Delete  
Name: CAROLLO, BERNARD  
Address: 4511 JOHN AVE  
City-St-Zip: DESTIN, FL 32541

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

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

I hereby certify that the information supplied with this filing does not qualify 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

MGR

01/08/2009

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