

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 19, 2007 8:00 am**  
**Secretary of State**

07-19-2007 90043 029 \*\*\*\*50.00

<b>DOCUMENT # L06000008238</b>			
<b>1. Entity Name</b> THE DIFFERENCE REALTY NETWORK LLC			
<b>Principal Place of Business</b> 110 E. ATLANTIC AVE SUITE 410 DELRAY BEACH, FL 33444 US		<b>Mailing Address</b> 110 E. ATLANTIC AVE SUITE 410 DELRAY BEACH, FL 33444 US	
<b>2. Principal Place of Business - No P.O. Box #</b> 1020 S. Federal Hwy Suite, Apt. #, etc. 102		<b>3. Mailing Address</b> 1020 S Federal Hwy Suite, Apt. #, etc. 102	
<b>City &amp; State</b> Delray Beach, FL Zip 33483		<b>City &amp; State</b> Delray Beach, FL Zip 33483	
<b>Country</b> US		<b>Country</b> US	
<b>4. FEI Number</b> 20-4204255		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CALIENDO, ANTHONY 110 E. ATLANTIC AVE SUITE 410 DELRAY BEACH, FL 33444		<b>7. Name and Address of New Registered Agent</b> Name: Caliendo, Anthony Street Address (P.O. Box Number is Not Acceptable): 1020 S. Federal Hwy Suite 102 City: Delray Beach FL Zip Code: 33483	
<b>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.</b> SIGNATURE: <i>[Signature]</i> DATE: 7/16/2007 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00</b> <b>Due by September 14, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS / MANAGERS</b>		<b>10. ADDITIONS / CHANGES</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGRM</b> <input type="checkbox"/> Delete CALIENDO, ANTHONY 110 E. ATLANTIC AVE SUITE 410 DELRAY BEACH, FL 33444	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1020 S. Federal Hwy, Suite 102 Delray Beach, FL 33483
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGRM</b> <input type="checkbox"/> Delete HARVEY, KRYSTAL 110 E. ATLANTIC AVE SUITE 410 DELRAY BEACH, FL 33444	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1020 S. Federal Hwy, Suite 102 Delray Beach, FL 33483
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGRM</b> <input type="checkbox"/> Delete CALIENDO, PHILIP 110 E. ATLANTIC AVE SUITE 410 DELRAY BEACH, FL 33444	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1020 S. Federal Hwy, Suite 102 Delray Beach, FL 33483
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGRM</b> <input type="checkbox"/> Delete CRESSWELL, NEIL 110 E. ATLANTIC AVE SUITE 410 DELRAY BEACH, FL 33444	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1020 S. Federal Hwy, Suite 102 Delray Beach, FL 33483
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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 606, Florida Statutes.</b>			
<b>SIGNATURE:</b> <i>[Signature]</i>		Date: 561.208.2175	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	