
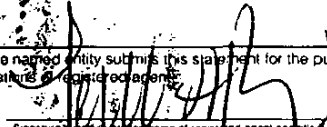
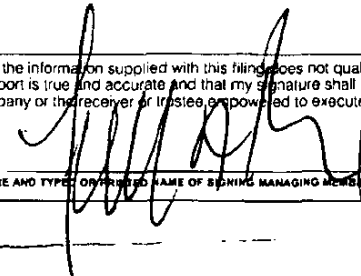


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-05-2007 90203 022 ****50.00

DOCUMENT # L06000021662			
1. Entity Name RELATED REAL ESTATE SOLUTIONS, LLC			
Principal Place of Business 5675 BARNHILL DRIVE, UNIT 44 JACKSONVILLE, FL 32207		Mailing Address 5675 BARNHILL DRIVE, UNIT 44 JACKSONVILLE, FL 32207	
2. Principal Place of Business - No P.O. Box # 9951 ATLANTIC BLVD Suite, Apt. #, etc. 414		3. Mailing Address 9951 ATLANTIC BLVD Suite, Apt. #, etc. 414	
City & State Jacksonville, FL Zip 32225 Country USA		City & State Jacksonville, FL Zip 32225 Country USA	
4. FEI Number 20-3969412		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MARRAH, NEVILLE A 5675 BARNHILL DRIVE, UNIT 44 JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent Name Neville Marrah Street Address (P.O. Box Number is Not Acceptable) 9951 ATLANTIC BLVD # Suite 414 City Jacksonville FL Zip Code 32225	
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 obligation of, registered agent.			
SIGNATURE 		DATE 1/19/07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARRAH, NEVILLE A 5675 BARNHILL DRIVE, UNIT 44 JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARRAH, CARROLL B SR. 1020 SW 88TH WAY PEMBROKE PINES, FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 608, Florida Statutes.			
SIGNATURE: 		Date 1/19/07 9046852131	