



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 17, 2007 8:00 am**  
**Secretary of State**

01-17-2007 90012 021 \*\*\*\*50.00

<b>DOCUMENT # L06000029205</b> 1. Entity Name <b>ABSOLUTE INVESTMENT SOLUTIONS LLC</b>					
Principal Place of Business <b>2543 SW CHARLOTTE STREET</b> <b>ARCADIA, FL 34266 US</b>			Mailing Address <b>2543 SW CHARLOTTE STREET</b> <b>ARCADIA, FL 34266 US</b>		
2. Principal Place of Business - No P.O. Box # <b>2974 NW CR 6661</b> Suite, Apt. #, etc.		3. Mailing Address <b>2974 NW CR 6661</b> Suite, Apt. #, etc.			
City & State <b>Arcadia FL</b> Zip Country <b>34266 USA</b>		City & State <b>Arcadia FL</b> Zip Country <b>34266 USA</b>		4. FEI Number <b>20-4521996</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				01112007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>HEITMAN, EUGENE P II</b> <b>12687 SW COUNTY ROAD 769</b> <b>SUITE 2A</b> <b>LAKE SUZY, FL 34269</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>REIM, SHAWN</b> <b>2543 SW CHARLOTTE STREET</b> <b>ARCADIA, FL 34269</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>Reim, Shawn</b> <b>2974 NW CR 6661</b> <b>Arcadia, FL 34266</b> <input checked="" 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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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.					
<b>SIGNATURE:</b> <u>Shawn Reim</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			1/11/07 863-990-6653 <small>Date Daytime Phone #</small>		