2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Secretary of State DOCUMENT # L06000034377 03-21-2007 90162 041 ****50.00 REAL ESTATE & MORTGAGE SERVICES, LLC Principal Place of Business Mailing Address 1477 SHADWELL CIRCLE 1477 SHADWELL CIRCLE HEATHROW, FL 34746 HEATHROW, FL 34746 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082007 Chg-LLC CR2E083 (12/06) City & State City & State Applied For 70958 Not Applicable Zip Country Zip Country \$5.00 Additional Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAT MINH LE Street Address (P.O. Box Number is Not Acceptable) 1477 SHADWELL CIRCLE HEATHROW, FL 34746 City Zip Code FL 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) Filing Fee Is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 1 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Defete TITLE ☐ Change ☐ Addition DAT MINH LE NAME NAME STREET ADDRESS 1477 SHADWELL CIRCLE STREET ADDRESS HEATHROW, FL 34746 CITY-ST-ZIP CITY-ST-ZIP MGRM ☐ Change ☐ Delete TITLE TITLE ☐ Addition DUNG KIM LE NAME NAME STREET ADDRESS 1477 SHADWELL CIRCLE STREET ADDRESS HEATHROW, FL 34746 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 flability company or the receiver of trustee empowered to execute this report as regulited by Chapter 608, Florida Statutes.

FILED

Mar 21, 2007 8:00 am