

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000034731

FILED  
Jan 06, 2009  
Secretary of State

**Entity Name:** NEO REAL ESTATE HOLDINGS, L.L.C.

**Current Principal Place of Business:**

3745 11TH CIR  
SUITE 105  
VERO BEACH, FL 32960

**New Principal Place of Business:**

3745 11TH CIRCLE  
SUITE 105  
VERO BEACH, FL 32960

**Current Mailing Address:**

3745 11TH CIR  
SUITE 105  
VERO BEACH, FL 32960

**New Mailing Address:**

3745 11TH CIRCLE  
SUITE 105  
VERO BEACH, FL 32960

**FEI Number:** 56-2574249

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEC CONSULTANTS, INC.  
1515 INDIAN RIVER BOULEVARD, SUITE A 210  
VERO BEACH, FL 329607103 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: JANET ELLEN ANDERSON,  
Address: 3745 11TH CIR SUITE 105  
City-St-Zip: VERO BEACH, FL 32960

Title: MGRM ( ) Delete  
Name: JANET ELLEN ANDERSON, TRUST  
Address: 105 CACHE CAY DRIVE  
City-St-Zip: VERO BEACH, FL 329631213

**ADDITIONS/CHANGES:**

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: JANET ANDERSON

MGRM

01/06/2009

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