2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000050071

1. Entity Name



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

04-19-2007 90034 002 ****55.00 REAL ESTATE RESCUE, LLC Principal Place of Business Mailing Address 3824 59TH AVE W 3824 59TH AVE W BRADENTON, FL 34210 BRADENTON, FL 34210 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052007 CR2E083 (12/06) Cha-LLC Applied For City & State City & State 4. FEI Number 01-0869194 Not Applicable Zip Country Zip Country \$5.00 Additional Ø 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OHLINGER, UTA S Street Address (P.O. Box Number is Not Acceptable) 3824 59TH AVE W BRADENTON, FL 34210 City 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 Signature, typod or printed name of registered agent end title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGR ☐ Change ☐ Delete TITLE ☐ Addition **OHLINGER, UTA S** NAME NAME STREET ADDRESS 3824 59TH AVE W STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON, FL 34210 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TELE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE MILE Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. Thereby 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: LATA 5. OHLINGER / HO JULIAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED! REPRESENTATIVE