

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90044 032 ***138.75

DOCUMENT # L06000053558 1. Entity Name FLORIDA'S BEST REAL ESTATE, LLC					
Principal Place of Business 1122 FLORIDA AVENUE LYNN HAVEN, FL 32444			Mailing Address 1122 FLORIDA AVENUE LYNN HAVEN, FL 32444		
2. Principal Place of Business - No P.O. Box # 14210 Highway 77		3. Mailing Address 14210 Highway 77			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Southport, FL		City & State Southport, FL		4. FEI Number 57-1236241	
Zip 32409		Country USA		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 SLONINA, SUSAN L 1122 FLORIDA AVENUE LYNN HAVEN, FL 32444			7. Name and Address of New Registered Agent Name Susan L. Slonina Street Address (P.O. Box Number is Not Acceptable) 14210 Highway 77 City Southport, FL Zip Code 32409		
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 Susan L. Slonina 01-03-2008 <small>(NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SLONINA, SUSAN L 1122 FLORIDA AVENUE LYNN HAVEN, FL 32444	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Slonina, Susan L. 14210 Highway 77 Southport, FL 32409
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<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: Susan L. Slonina 01-03-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

daytime # 850 265 3432