


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000055698 1. Entity Name RE PROPERTY LLC	
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Principal Place of Business 521 MANDALAY AVE., #902 CLEARWATER, FL 33767	Mailing Address 521 MANDALAY AVE., #902 CLEARWATER, FL 33767
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DO NOT WRITE IN THIS SPACE



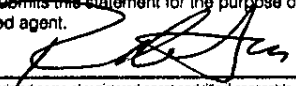
01092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5353835	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ENTEL, ROBERT M.D. 521 MANDALAY AVE., #902 CLEARWATER, FL 33767

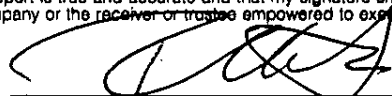
DO NOT WRITE IN THIS SPACE

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 	2/6/08	DATE
<small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ENTEL, IRWIN L MD 1634 SANTA BARBARA DR DUNEDIN, FL 33698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ENTEL, ROBERT J MD 521 MANDALAY AVE SUITE 902 CLEARWATER BEACH, FL 33767
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<p>U000000822668 02/20/08-80006-024 138.75</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: 	2/6/08	727 501 3477
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		
<small>Date Daytime Phone #</small>		