2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2007
Secretary of State

DOCUMENT# L06000070960

Entity Name: REAL MENTOR LLC

Current Principal Place of Business:

231 SEAVIEW STREET
MELBOURNE BEACH, FL 32951

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 917208
LONGWOOD, FL 32791 72

New Mailing Address:

FEI Number: 20-5271945 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YANDELL, TIM S
231 SEAVIEW STREET
MELBOURNE BEACH, FL 32951 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: MGR ( ) Delete
Name: YANDELL, TIM S
Address: 231 SEAVIEW STREET
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: DIR. (X) Change ( ) Addition
Name: YANDELL, TIM S
Address: 231 SEAVIEW STREET
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: DIR. ( ) Change (X) Addition
Name: THOMAS, OWNBY J
Address: 300 HUNT CLUB COURT
City-St-Zip: LONGWOOD, FL 32779

Title: DIR. ( ) Change (X) Addition
Name: JIM, SULLIVAN
Address: 6040 SW 18TH STREET
City-St-Zip: PLANTATION, FL 33317

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS J OWNBY DIR. 01/12/2007

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