

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000079960

FILED
Jul 04, 2007
Secretary of State

Entity Name: ABSOLUTE PROPERTY SOLUTIONS LLC

Current Principal Place of Business:

465 DEER CREEK RUN
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

465 DEER CREEK RUN
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: 20-5377754 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

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: REYNOLDS, DAVE
Address: 465 DEER CREEK RUN
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: MGR () Delete
Name: REYNOLDS, JUDY
Address: 465 DEER CREEK RUN
City-St-Zip: DEERFIELD BEACH, FL 33442

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: REYNOLDS, JUDI
Address: 465 DEER CREEK RUN
City-St-Zip: DEERFIELD BEACH, FL 33442

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: DAVE REYNOLDS

MGR

07/04/2007

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