

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000080104

FILED  
Aug 14, 2007  
Secretary of State

**Entity Name:** ALTERNATIVE REAL ESTATE PROFESSIONALS LLC

**Current Principal Place of Business:**

6020 LEXINGTON PARK  
ORLANDO, FL 32819 US

**New Principal Place of Business:**

**Current Mailing Address:**

6020 LEXINGTON PARK  
ORLANDO, FL 32819 US

**New Mailing Address:**

**FEI Number:** 13-4346601      **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:**

SEYDA, BYRON D  
6020 LEXINGTON PARK  
ORLANDO, FL 32819 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: SEYDA, BYRON D  
Address: 6020 LEXINGTON PARK  
City-St-Zip: ORLANDO, FL 32819 US

Title: MGRM ( ) Delete  
Name: SEYDA, RANAH C  
Address: 6020 LEXINGTON PARK  
City-St-Zip: ORLANDO, FL 32819 US

**ADDITIONS/CHANGES:**

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

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

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: BYRON SEYDA

MGR

08/14/2007

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