2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90075 030 ***138.75

60041371

05122008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000085589

1. Entity Name
THE REAL ESTATE CENTER AMERICA LLC

Principal Place of Business	Mailing Address
11733 SW 107 TERRACE MIAMI, FL 33186	11733 SW 107 TERRACE MIAMI, FL 33186

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8501 SW 124 AVE	8501 SW 124 AVE
Suite/Apt. #, etc. 101	Suite/Apt. #, etc. 101
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33183 Country US	Zip 33183 Country US

4. FEI Number 71-1013012 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALVAREZ, PABLO 11733 SW 107 TERRACE MIAMI, FL 33186	Name Street Address (P.O. Box Number is Not Acceptable) 8501 SW 124 AVE SUITE 101 City MIAMI FL Zip Code 33183

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 _____ 5/12/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to: Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALVAREZ, PABLO 11733 SW 107 TERRACE MIAMI, FL 33186 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 8501 SW 124 AVE, SUITE 101 MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition MGR FERNANDEZ, CONRADO 8501 SW 124 AVE, SUITE 101 MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____ 5/12/08 786-326-5758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #