


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 25, 2007 8:00 am
Secretary of State

05-25-2007 90199 026 ****50.00

DOCUMENT # L06000088349

1. Entity Name
SRE EUSTIS, LLC



Principal Place of Business
**1200 SOUTH ROGERS CIRCLE, SUITE 12
 BOCA RATON, FL 33487**

Mailing Address
**P.O. BOX 810488
 BOCA RATON, FL 33487**

40118515



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address **ATTN: L. CLARK**
c/o Relli Technology Inc
 Suite, Apt. #, etc.
1200 S. Rogers Circle

05212007 Chg-LLC CR2E083 (12/06)

City & State
BOCA RATON, FL 33487

Zip Country Zip Country

4. FEI Number
11-2682339

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
SLPA, INC. 201 N.E. FIRST AVENUE DELRAY BEACH, FL 33444	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code

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 *SLPA Inc* *SLPA Inc* *5/21/07*
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SRE, LLC 1200 SOUTH ROGERS CIRCLE, SUITE 12 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *MGM / Managing Member* *5/21/07* *561 886-0200*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #