

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

04-24-2007 90108 045 ****50.00

DOCUMENT # L06000094212					
1. Entity Name MONTOUR REAL ESTATE SERVICES, LLC					
Principal Place of Business C/O GARY M. MONTOUR ONE INDEPENDENT DRIVE, SUITE 2401 JACKSONVILLE, FL 32202			Mailing Address C/O GARY M. MONTOUR ONE INDEPENDENT DRIVE, SUITE 2401 JACKSONVILLE, FL 32202		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01182007 Chg-LLC CR2E083 (12/06)	
4. FEI Number <i>Not Applicable</i>				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01182007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent MONTOUR, GARY M ONE INDEPENDENT DRIVE, SUITE 2401 JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent 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 <u><i>Gary Montour</i></u> DATE <u>4/17/07</u> <small>Signature typed and printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONTOUR, GARY M ONE INDEPENDENT DRIVE, SUITE 2401 JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete			
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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 606, Florida Statutes.					
SIGNATURE: <u><i>Gary Montour</i></u>		Date <u>5/8/07</u>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF BORING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					