

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

1/12

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

01-12-2007 90027 016 \*\*\*\*50.00

DOCUMENT # L06000097171

1. Entity Name  
REO STREET PROPERTIES, LLC



Principal Place of Business  
2202 NORTH WEST SHORE BLVD., SUITE 200  
TAMPA, FL 33607

Mailing Address  
2202 NORTH WEST SHORE BLVD., SUITE 200  
TAMPA, FL 33607



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

01052007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-566-1191**

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

EICHOLTZ, KIRK D  
2202 NORTH WEST SHORE BLVD., SUITE 200  
TAMPA, FL 33607

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-stating)

1-5-07

DATE

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  
CHRISTIAN TYLER PROPERTIES ONE, LLC  
2202 NORTH WEST SHORE BLVD., SUITE 200  
TAMPA, FL 33607

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-5-07

813-679-7583