

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90082 013 ***138.75

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**

50008688



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
403 E. Madison St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Ste. 400

07142008 Chg-LLC CR2E083 (12/06)

City & State

City & State
Tampa, FL

4. FEI Number
20-5661191

Applied For
Not Applicable

Zip

Country

Zip
33602

Country
USA

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

6. Name and Address of Current Registered Agent

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

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

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

TITLE **MGRM** ☐ Delete
NAME **CHRISTIAN TYLER PROPERTIES ONE, LLC**
STREET ADDRESS **2202 NORTH WEST SHORE BLVD., SUITE 200**
CITY-ST-ZIP **TAMPA, FL 33607**

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

July 18, '08 **813.225.2500**