

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/25/2008-90092-045-\$138.75-\$138.75

FILED

2008 OCT 15 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08202008 Chg-LLC CR2E083 (12/08)

DOCUMENT # L07000004266					
1. Entity Name DO REAL ESTATE, L.L.C.					
Principal Place of Business C/O JIMMY DO 8979 EASTERLING DRIVE ORLANDO, FL 32813			Mailing Address C/O JIMMY DO 8979 EASTERLING DRIVE ORLANDO, FL 32813		
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	4. FEI Number 30-0503709	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KUTCHINS, BRYAN A 3974 TAMPA ROAD, SUITE A OLDSMAR, FL 34677			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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)					
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 DO, JIMMY 8979 EASTERLING DRIVE ORLANDO, FL 32813 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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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: <u>Jimmy N. Do</u> 8/18/08 407 733 8808 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

STATEMENT