

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000015221

FILED  
Feb 07, 2008  
Secretary of State

Entity Name: REAL DEALS HOMEVESTERS "LLC"

**Current Principal Place of Business:**

1199 SW IVANHOE ST.  
PORT ST. LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

1199 SW IVANHOE ST.  
PORT ST. LUCIE, FL 34983

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RICKS, MARY E  
1199 SW IVANHOE ST.  
PORT ST. LUCIE, FL 34983 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RICKS, MARY E  
Address: 1199 SW IVANHOE ST  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: MGRM ( ) Delete  
Name: RICKS, WILLIAM O  
Address: 1199 SW IVANHOE ST.  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: MGRM (X) Delete  
Name: HOLDWAY, GAYNES L  
Address: 1445 GLENVIEW RD.  
City-St-Zip: PALM HARBOR, FL 34683

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM O RICKS

MGRM

02/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date