

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000026173

1. Entity Name  
REAL SECURITIZATION SYSTEMS, LLC



**FILED**  
**May 07, 2008 8:00 A.M.**  
**Secretary of State**

Principal Place of Business  
10321 FORTUNE PARKWAY, SUITE 201  
JACKSONVILLE, FL 32256

Mailing Address  
10321 FORTUNE PARKWAY, SUITE 201  
JACKSONVILLE, FL 32256

2. Principal Place of Business - No P.O. Box #  
10475 FORTUNE PARKWAY  
Suite, Apt. #, etc.  
SUITE 203  
City & State  
JACKSONVILLE FL  
Zip  
32256  
Country  
USA

3. Mailing Address  
10475 FORTUNE PARKWAY  
Suite, Apt. #, etc.  
SUITE 203  
City & State  
JACKSONVILLE FL  
Zip  
32256  
Country  
USA



01102008 Chg-LLC CR2E083 (12/06)

4. FEI Number ☒ Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
MILAM HOWARD NICANDRI DEES & GILLAM, P.A.  
14 EAST BAY STREET  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	Manager	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM MEADOW		NAME		
STREET ADDRESS	7950 JAMES ISLAND TRAIL		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32256		CITY-ST-ZIP		
TITLE	Manager	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID R. DENT		NAME	900130172329	
STREET ADDRESS	107 CHICKERING PARKWAY		STREET ADDRESS	05/23/08--01010--025 **288.75	
CITY-ST-ZIP	ROSWELL GA 30075		CITY-ST-ZIP		
TITLE	OFFICER - CHIEF OPERATING OFFICER	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID M. ALBERS		NAME		
STREET ADDRESS	12467 HIGHVIEW DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32225		CITY-ST-ZIP		
TITLE	OFFICER - SECRETARY & TREASURER	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIM D. THORPE		NAME		
STREET ADDRESS	8282 RIDING CLUB RD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32256		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	TS 5/9/08	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 #