

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000052551

**FILED**  
**Apr 15, 2008**  
**Secretary of State**

**Entity Name:** REAL ESTATE FINANCIAL SPECIALIST, LLC

**Current Principal Place of Business:**

8826 GOODBY'S EXECUTIVE DR.  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

3948 SUNBEAM ROAD  
SUITE 8  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

13820-113 ST. AUGUSTINE RD #184  
JACKSONVILLE, FL 32258

**New Mailing Address:**

3832-10 BAYMEADOWS ROAD  
# 361  
JACKSONVILLE, FL 32217

**FEI Number:** 26-0172176

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HOFFMAN, PATTY M  
13820-113 ST. AUGUSTINE RD #184  
JACKSONVILLE, FL 32258 US

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

HOFFMAN, PATTY M  
3832-10 BAYMEADOWS ROAD  
# 361  
JACKSONVILLE, FL 32217 US

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:

04/15/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HOFFMAN, PATTY M  
Address: 13820-113 ST. AUGUSTINE RD #184  
City-St-Zip: JACKSONVILLE, FL 32258

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HOFFMAN, PATTY M  
Address: 3832-10 BAYMEADOWS ROAD, # 361  
City-St-Zip: JACKSONVILLE, FL 32217

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: PATTY M. HOFFMAN

MGRM

04/15/2008

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