

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 29, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90066 020 \*\*\*138.75  
08-29-2008 90048 038 \*\*\*138.75

**50009763**



07112008 Chg-LLC CR2E083 (12/06)

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------|
| <b>DOCUMENT # L07000055285</b><br>1. Entity Name<br><b>NATIONAL ASSOCIATION OF REAL ESTATE REFERRALS, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                  |                                                                                                            |                                                                                                                                                                              |                                                                   |                   |
| Principal Place of Business<br><b>620 ROBIN RD.<br/>LAKELAND, FL 33803</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                  |                                                                                                            | Mailing Address<br><b>620 ROBIN RD.<br/>LAKELAND, FL 33803</b>                                                                                                               |                                                                   |                   |
| 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                                                                                                                                                                      |                                                                   |                   |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>ROTHENBERG, ROBERT<br/>8010 ASHLEY POINTE DR.<br/>LAKELAND, FL 33810</b>                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                  |                                                                                                            | <b>7. Name and Address of New Registered Agent</b><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>_____<br>City _____ <b>FL</b> Zip Code _____ |                                                                   |                   |
| <b>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.</b>                                                                                                                                                                                                                                                                            |                                                                                                                  |                                                                                                            |                                                                                                                                                                              |                                                                   |                   |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                |                                                                                                                  |                                                                                                            |                                                                                                                                                                              |                                                                   |                   |
| <b>FILE NOW!!! FEE IS \$138.75<br/>Due by September 12, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. |                                                                                                                                                                              | <b>Make check payable to<br/>Florida Department of State</b>      |                   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                  |                                                                                                            | <b>10. ADDITIONS/CHANGES</b>                                                                                                                                                 |                                                                   |                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>MGRM<br/>NICHOLAS, WILLIAM L<br/>862 STRATFORD DR.<br/>LAKELAND, FL 33813</b> <input type="checkbox"/> Delete |                                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                                  |                                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                                  |                                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                                  |                                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                                  |                                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                                  |                                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                   |
| <b>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.</b> |                                                                                                                  |                                                                                                            |                                                                                                                                                                              |                                                                   |                   |
| <b>SIGNATURE:</b> <u>William L. Nicholas</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                  |                                                                                                            | <u>8/26/08</u>                                                                                                                                                               |                                                                   | <u>8636882822</u> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                  |                                                                                                            | Date                                                                                                                                                                         |                                                                   | Daytime Phone #   |