

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000076544

FILED
Apr 22, 2008
Secretary of State

Entity Name: FLORIDA REAL ESTATE CONSULTING ASSOCIATES LLC

Current Principal Place of Business:

8516 BELLAGIO DR.
NAPLES, FL 33414

New Principal Place of Business:

8516 BELLAGIO DR.
NAPLES, FL 34114

Current Mailing Address:

8516 BELLAGIO DR.
NAPLES, FL 33414

New Mailing Address:

8516 BELLAGIO DR.
NAPLES, FL 34114

FEI Number: 26-0633618

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BEDELL, LYN M
8516 BELLAGIO DR.
NAPLES, FL 33414 US

Name and Address of New Registered Agent:

BEDELL, LYN M
8516 BELLAGIO DR.
NAPLES, FL 34114 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: _____

04/22/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BEDELL, LYN M
Address: 8516 BELLAGIO DR.
City-St-Zip: NAPLES, FL 33414

Title: MGR () Delete
Name: KRZYS, JOSEPH T
Address: 8516 BELLAGIO DR.
City-St-Zip: NAPLES, FL 33414

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NACHEF, JOHN
Address: 1744 GRANADA DRIVE
City-St-Zip: MARCO ISLAND, FL 34145

Title: VP (X) Change () Addition
Name: PETERSON, BRUCE
Address: 24600 S TAMiami TRAIL
City-St-Zip: BONITA SPRINGS, FL 34134

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: JOHN NACHEF

MGR

04/22/2008

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