2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000092733

Name:

Address:

City-St-Zip:

415 LOCHMOND DR

FERN PARK, FL 32746 US

Entity Name: CENTRAL FLORIDA REAL ESTATE SCHOOL, LLC

FILED Sep 18, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
SUITE 103	AMENT LOOP RY, FL 32746	US	136 PARLIAMENT LOOP SUITE 1030 LAKE MARY, FL 32746	US
Current Mailing Address:			New Mailing Address:	
SUITE 103	AMENT LOOP RY, FL 32746	US	136 PARLIAMENT LOOF SUITE 1030 LAKE MARY, FL 32746	US
	30-0427383 ce with s. 607.193(FEI Number Applied For () FEI I 2)(b), F.S., the limited liability company d	Number Not Applicable() lid not receive the prior notice.	Certificate of Status Desired ()
Name and	Address of Cu	rrent Registered Agent:	Name and Address of N	lew Registered Agent:
The above in the State	MOND DR RK, FL 32730 named entity su of Florida.	US ubmits this statement for the purpose	e of changing its registered o	ffice or registered agent, or both
SIGNATUF				
	Electronic	Signature of Registered Agent		Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM ()[WEST, MATTHEN 415 LOCHMOND FERN PARK, FL	DR	Title: () Name: Address: City-St-Zip:	Change () Addition
Title: Name: Address: City-St-Zip:	MGRM () E CRESPO, FREDI 1725 SHADYRES LAKE MARY, FL	ST CT	Title: () Name: Address: City-St-Zip:	Change () Addition
Title: Name: Address: City-St-Zip:	MGRM () CRESPO, DEBO 1725 SHADYRES LAKE MARY, FL	ST CT	Title: () Name: Address: City-St-Zip:	Change () Addition
Title: Name:	MGRM ()[WEST, KELLY	Delete	Title: () Name:	Change () Addition

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.

Address:

City-St-Zip:

SIGNATURE: MATTHEW WEST **MGRM** 09/18/2009