


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000093092		
1. Entity Name REAL ESTATE INVESTORS CONSORTIUM, LLC		

Principal Place of Business 541 E TENNESSEE ST STE A TALLAHASSEE, FL 32308	Mailing Address P O BOX 13072 TALLAHASSEE, FL 32317 FA
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2. Principal Place of Business - No P.O. Box # <i>3632 Shamrock W.</i>	3. Mailing Address <i>P O Box 13072</i>
Suite, Apt. #, etc. <i>Tallahassee, FL</i>	Suite, Apt. #, etc.
City & State <i>Tallahassee, FL</i>	City & State <i>Tallahassee, FL</i>
Zip <i>32309</i>	Country <i>Leon</i>
Zip <i>32317</i>	Country <i>Leon</i>

FILED
08 APR -4 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04042008 Chg-LLC CR2E083 (12/06)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FAHS-GIELISSE, INGA G 2709-4 KILLARNEY WAY TALLAHASSEE, FL 32309	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 NAME STREET ADDRESS CITY-ST-ZIP	MGR RUSSELL, M. DILLON P O BOX 13072 TALLAHASSEE, FL 32317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200122304032 04/07/08--01003--018 **138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *M Dillon Russell* Date: *April 4, 2008*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #