

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90512 043 \*\*\*138.75

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<b>DOCUMENT # L07000093714</b> 1. Entity Name <b>REAL ESTATE INVESTMENTS OF CENTRAL FLORIDA, LLC</b>			
Principal Place of Business <b>18849 VILLA VIEW CIRCLE NO. 108 ORLANDO, FL 32821 US</b>		Mailing Address <b>18849 VILLA VIEW CIRCLE NO. 108 ORLANDO, FL 32821 US</b>	
2. Principal Place of Business - No P.O. Box # <b>8124 Vincland Oaks Boulevard</b>		3. Mailing Address <b>8124 Vincland Oaks Boulevard</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Orlando, Florida</b>		City & State <b>Orlando, Florida</b>	
Zip <b>32835</b>	Country <b>USA</b>	Zip <b>32835</b>	Country <b>USA</b>
4. FEI Number <b>45-0573507</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BRYANT, CARLA D 1206 EAST RIDGEWOOD STREET ORLANDO, FL 32803</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS / MANAGERS</b>		<b>10. ADDITIONS / CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR WALTERS, DANIEL L 18849 VILLA VIEW CIRCLE, NO. 108 ORLANDO, FL 32821</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Walters, Daniel L. 8124 Vincland Oaks Boulevard Orlando, Florida 32835</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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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
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>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <b>4/9/08</b> Daytime Phone # _____	