2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 15, 2009
Secretary of State

DOCUMENT# L08000016541

Entity Name: REAL REAL ESTATE SOLUTIONS LLC

Current Principal Place of Business:

1933 NE 15 AVE.
FORT LAUDERDALE, FL 33305

New Principal Place of Business:

3020 N. FEDERAL HWY.
FORT LAUDERDALE, FL 33306

Current Mailing Address:

1933 NE 15 AVE.
FORT LAUDERDALE, FL 33305

New Mailing Address:

FEI Number: 42-1639543 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PISKOROWSKI, JAMES
1933 NE 15 AVE.
FORT LAUDERDALE, FL 33305 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: PISKOROWSKI, JAMES
Address: 1933 NE 5 AVE.
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: MGRM ( ) Delete
Name: REAL REAL ESTATE SOLUTIONS, INC
Address: 1933 NE 15 AVE
City-St-Zip: FORT LAUDERDALE, FL 33305

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: REAL REAL ESTATE SOLUTIONS, LLC
Address: 1933 NE 15 AVE
City-St-Zip: FORT LAUDERDALE, FL 33305

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: JIM PISKOROWSKI MGR 06/15/2009

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