

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000061000

FILED  
May 06, 2010  
Secretary of State

**Entity Name:** REEL LIVING REAL ESTATE, LLC

**Current Principal Place of Business:**

5213 SW 75TH TERRACE  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 218  
CHOKOLOSKEE, FL 34138

**New Mailing Address:**

279 WORLEY ST  
CHOKOLOSKEE, FL 34138

FEI Number: 26-2862734      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

**Name and Address of New Registered Agent:**

BRADFORD, TERI L  
279 WORLEY STREET  
CHOKOLOSKEE, FL 34138      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: OLIN, TIMOTHY J  
Address: 5213 SW 75TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32608

Title: PT  
Name: OLIN, TIMOTHY J  
Address: 5213 SW 75TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32608

Title: MGRM  
Name: BRADFORD, TERI L  
Address: 5213 SW 75TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32608

Title: VPS  
Name: BRADFORD, TERI L  
Address: 5213 SW 75TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32608

I hereby 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: TIMOTHY J. OLIN

PT

05/06/2010

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