



File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 20 APR 21 PM 5:00 TALLAHASSEE, FL CLERK OF SUPERIOR COURT	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE L97000001381			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # REAL ESTATE ASSOCIATE SERVICES, L.C. 1711 WORTHINGTON ROAD, #202 WEST PALM BEACH FL 33409		1a. Principal Place of Business Address 1711 WORTHINGTON ROAD, #202 WEST PALM BEACH FL 33409			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 12/08/1997 3a. State of Formation FL 4. FEI Number 65-0799117 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 04/24/1998 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent MIRKIN & WOLFE, P.A. 1700 PALM BEACH LAKES BLVD., #580 WEST PALM BEACH FL 33401			8. Name and Address of New Registered Agent/Office Name James F. Miller Street Address (P.O. Box Number is Not Acceptable) 1711 WORTHINGTON ROAD Suite, Apt. #, etc. Suite 202 City, State and Zip Code West Palm Beach FL 33409		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ <small>(If Registered Agent, As Registered Agent, or As Registered Agent/Office, the signature must be in ink.)</small>			DATE _____		
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	MILLER, JAMES F	1711 WORTHINGTON ROAD, #202		WEST PALM BEACH FL	
MGR	DEVER, JANE	1711 WORTHINGTON ROAD, #202		WEST PALM BEACH FL	
MGR	DAWE, RON	1711 WORTHINGTON ROAD, #202 701 N. FEDERAL HWY #201		WEST PALM BEACH FL STUART FL 34994	
MGR	SELZER, KATHY	1711 WORTHINGTON ROAD, #202 701 N. Federal Hwy #201		WEST PALM BEACH FL STUART FL 34994	
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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: _____ <small>(Signature must be in ink and must be of the person named in Block 10, or on an attachment with an address.)</small>					