


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 28, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L97000001381 1. Entity Name REAL ESTATE ASSOCIATE SERVICES, L.C.	
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Principal Place of Business 219 N DIXIE HWY LAKE WORTH, FL 33460	Mailing Address 219 N DIXIE HWY LAKE WORTH, FL 33460
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DO NOT WRITE IN THIS SPACE



01252005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0799117	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  MILLER, JAMES F 219 N DIXIE HWY LAKE WORTH, FL 33460
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DO NOT WRITE  
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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 \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

000000202262 50.00  
01/28/05-80103-009 ~~150.00~~

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, JAMES F 219 N DIXIE HWY LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HYLAND, JUDY Q 219 N DIXIE HWY LAKE WORTH, FL 33460
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **1/25/05** **561. 721-2596**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #