

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 30, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # M04000003220**

1. Entity Name  
**REAL ESTATE FUND, LLC**



Principal Place of Business  
**400 SEABREEZE BLVD., SUITE J  
DAYTONA BEACH, FL 32118**

Mailing Address  
**400 SEABREEZE BLVD., SUITE J  
DAYTONA BEACH, FL 32118**



04142005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**77-0637278**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BRETZEL, MICHAEL R  
400 SEABREEZE BLVD., SUITE J  
DAYTONA BEACH, FL 32118**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

U000000347537  
04/30/05-80120-020 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
REAL ESTATE MANAGEMENT SERVICES, INC.  
2533 NORTH CARSON STREET  
CARSON CITY, NV 89706**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/29/2005 386 253 3744