

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90076 012 ****50.00

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

2. Principal Place of Business - No P.O. Box #
539 N Oleander Ave
Suite, Apt. #, etc.

3. Mailing Address
539 N OLEANDER AVE
Suite, Apt. #, etc.



04252007 Chg-LLC CR2E083 (12/06)

City & State
Daytona Beach FL
Zip 32118 Country USA

City & State
Daytona Beach FL
Zip 32118 Country USA

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

539 N Oleander Avenue

City

Daytona Beach

FL

Zip Code

32118

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

Michael R. Bretzel, mgr

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/2007

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
REAL ESTATE MANAGEMENT SERVICES, INC.
400 SEABREEZE BLVD
DAYTONA BEACH, FL 32118 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
Real Estate Management Services, LLC
539 N. Oleander Avenue
Daytona Beach FL 32118

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]

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

4/25/2007 3862533744

Date

Daytime Phone #