

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000001040

FILED
Jan 21, 2008
Secretary of State

Entity Name: CU REALTY SERVICES, LLC

Current Principal Place of Business:

7950 E. ACOMA DR., STE 109
SCOTTSDALE, AZ 85260

New Principal Place of Business:

11638 E FOUR PEAKS RD
SCOTTSDALE, AZ 85262

Current Mailing Address:

7950 E. ACOMA DR., STE 109
SCOTTSDALE, AZ 85260

New Mailing Address:

11638 E FOUR PEAKS RD
SCOTTSDALE, AZ 85262

FEI Number: 11-3739720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: MGR () Delete
Name: DAVIS, CRAIG
Address: 7950 E. ACOMA DR., STE 109
City-St-Zip: SCOTTSDALE, AZ 85260

Title: MGR () Delete
Name: CORN, MIKE
Address: 7950 E. ACOMA DR., STE 109
City-St-Zip: SCOTTSDALE, AZ 85260

Title: MGR () Delete
Name: WINNINGER, STEVE
Address: 501 SOUTH CAPITOL
City-St-Zip: LANSING, MI 48933

Title: MGR () Delete
Name: PANTEA, VICTOR
Address: 17870 BELLOWS FALLS COURT
City-St-Zip: SOUTH BEND, IN 46614

Title: MGR () Delete
Name: MISLANSKEY, TIM
Address: 2455 EXECUTIVE PARK BLVD
City-St-Zip: FAIRBORN, OH 45324

Title: MGR () Delete
Name: KLINE, JEFF
Address: 9777 RIDGE DRIVE
City-St-Zip: LENEXA, KS 66219

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DAVIS, CRAIG
Address: 11638 E FOUR PEAKS RD
City-St-Zip: SCOTTSDALE, AZ 85262

Title: MGR (X) Change () Addition
Name: CORN, MIKE
Address: 11638 E FOUR PEAKS RD
City-St-Zip: SCOTTSDALE, AZ 85262

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MICHAEL CORN

MGR

01/21/2008

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