

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000001688

FILED
Apr 08, 2009
Secretary of State

Entity Name: LAKELAND REAL ESTATE INVESTMENT SERVICES, LLC

Current Principal Place of Business:

184 HILLCREST DRIVE
DALY CITY, CA 94014

New Principal Place of Business:

184 HILLCREST DRIVE
DALY CITY, CA 94014 US

Current Mailing Address:

184 HILLCREST DRIVE
DALY CITY, CA 94014

New Mailing Address:

184 HILLCREST DRIVE
BAY CITY, CA 94014 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: MGRM () Delete
Name: ANDERSON, KENNETH
Address: PO BOX 7393
City-St-Zip: LAKELAND, FL 33807

Title: MGRM () Delete
Name: NANTES, MARIA V
Address: 184 HILLCREST DRIVE
City-St-Zip: DALY CITY, CA 94014

ADDITIONS/CHANGES:

Title: D (X) Change () Addition
Name: ANDERSON, KENNETH
Address: 806 LIMONA ROAD
City-St-Zip: BRANDON, FL 33510

Title: D (X) Change () Addition
Name: NANTES, MARIA VICTORIA
Address: 184 HILLCREST DRIVE
City-St-Zip: DALY CITY, CA 94014

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: MGVNANTES

MGRM

04/08/2009

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