

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009075

FILED
Mar 21, 2008
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF REAL ESTATE INVESTORS, INC.

Current Principal Place of Business:

C/O CFRI
55 SKYLINE DRIVE, SUITE 2850
LAKE MARY, FL 32746

New Principal Place of Business:

C/O JAXREIA
103 CENTURY 21 DRIVE STE 202
JACKSONVILLE, FL 32216

Current Mailing Address:

C/O CFRI
55 SKYLINE DRIVE, SUITE 2850
LAKE MARY, FL 32746

New Mailing Address:

C/O JAXREIA
103 CENTURY 21 DRIVE STE 202
JACKSONVILLE, FL 32216

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBS, ROBERT
7035 PHILIPS HIGHWAY
SUITE 5-167
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

JACOBS, ROBERT
C/O JAXREIA, 103 CENTURY 21 DRIVE
SUITE 202
JACKSONVILLE, FL 32216 US

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: ROBERT JACOBS

03/21/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALEXANDER, JAMES B
Address: C/O CFRI, 55 SKYLINE DRIVE, SUITE 2850
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: FLEWELLING, STEPHEN
Address: C/O CFRI, 55 SKYLINE DRIVE, SUITE 2850
City-St-Zip: LAKE MARY, FL 32746

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: LEON, WILLIAM
Address: 11521 NW 23RD STREET
City-St-Zip: PLANTATION, FL 33323

Title: VP (X) Change () Addition
Name: FLEWELLING, STEPHEN
Address: C/O CFRI, 55 SKYLINE DRIVE, SUITE 2850
City-St-Zip: LAKE MARY, FL 32746

Title: ED () Change (X) Addition
Name: O BENZA, KRISTINA
Address: C/O JAXREIA, 103 CENTURY 21 DRIVE SUITE 20
City-St-Zip: JACKSONVILLE, FL 32216

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTINA O BENZA

ED

03/21/2008

Electronic Signature of Signing Officer or Director

Date