

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000044928 1. Entity Name BSP REAL ESTATE SERVICES, INC.	
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FILED
08 MAR -3 AM 11: 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 250 PARK AVENUE S SUITE 200 WINTER PARK, FL 32789	Mailing Address 134 MEETING STREET SUITE 110 CHARLESTON, SC 29401
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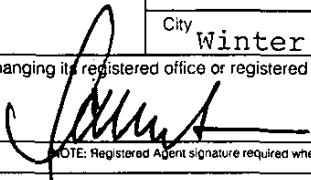
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 250 Park Avenue South Suite 200
City & State Winter Park, Florida	4. FEI Number 20-4763564
Zip 32789	Country US



01142008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent GRINDSTAFF, MICHAEL J 300 S ORANGE AVE SUITE 1000 ORLANDO, FL 32801	7. Name and Address of New Registered Agent Name Damien F. Madsen Street Address (P.O. Box Number is Not Acceptable) 250 Park Avenue South Suite 200 City Winter Park FL Zip Code 32789
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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 Damien F. Madsen  DATE 2-29-09

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	MGR <input checked="" type="checkbox"/> Delete	TITLE	P, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALSH, STEPHEN R	NAME	Damien F. Madsen
STREET ADDRESS	449 GENIUS DRIVE	STREET ADDRESS	250 Park Avenue South, Suite 200
CITY-ST-ZIP	WINTER PARK, FL 32789	CITY-ST-ZIP	Winter Park, Florida 32789
TITLE	<input type="checkbox"/> Delete	TITLE	V, S, T, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Michael J. Grindstaff
STREET ADDRESS		STREET ADDRESS	300 S. Orange Avenue, Suite 1000
CITY-ST-ZIP		CITY-ST-ZIP	Orlando, Florida 32801
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	300120097723
STREET ADDRESS		STREET ADDRESS	03/12/08--01026--008 **150.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE 2-29-09 407-647-3290

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #