

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000066226

Entity Name: REALVEST EQUITY PARTNERS, LLC**Current Principal Place of Business:**2200 LUCIEN WAY, SUITE 350
MAITLAND, FL 32751**Current Mailing Address:**2200 LUCIEN WAY, SUITE 350
MAITLAND, FL 32751**FEI Number:** 80-0218033**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MAHONEY, PATRICK J
2200 LUCIEN WAY, SUITE 350
MAITLAND, FL 32751 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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name PARTYKA, PAUL P
Address 2200 LUCIEN WAY, SUITE 350
City-State-Zip: MAITLAND FL 32751

Title MGR
Name O'CONNOR, EDWARD KEVIN
Address 2200 LUCIEN WAY, SUITE 350
City-State-Zip: MAITLAND FL 32751

Title MGR
Name HEIDRICH, MICHAEL F
Address 2200 LUCIEN WAY, SUITE 350
City-State-Zip: MAITLAND FL 32751

Title MGR
Name MAHONEY, PATRICK J
Address 2200 LUCIEN WAY, SUITE 350
City-State-Zip: MAITLAND FL 32751

Title MGR
Name BLACKWELL, ROBERT H
Address 2200 LUCIEN WAY, SUITE 350
City-State-Zip: MAITLAND FL 32751

Title MGR
Name LIVINGSTON, GEORGE DII
Address 2200 LUCIEN WAY, SUITE 350
City-State-Zip: MAITLAND FL 32751

Title MANAGER
Name WEBB, ROBIN L
Address 2200 LUCIEN WAY, SUITE 350
City-State-Zip: MAITLAND FL 32751

Title MANAGER
Name VIELE, GEORGE J
Address 2200 LUCIEN WAY, SUITE 350
City-State-Zip: MAITLAND FL 32751

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I hereby 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 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PATRICK MAHONEY**MANAGER****02/01/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	MANAGER
Name	HANKINS, THOMAS E
Address	2200 LUCIEN WAY, SUITE 350
City-State-Zip:	MAITLAND FL 32751