


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

138.75

DOCUMENT # L02000005569 1. Entity Name CM REALTY, LLC						FILED 08 MAY -6 AM 8:12 ENTERED 187293 STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 101 BENBRO DR. BUFFALO, NY 14225				Mailing Address 101 BENBRO DR. BUFFALO, NY 14225			
2. Principal Place of Business - No P.O. Box # 12660 BONITA BEACH ROAD SE BONITA SPRINGS, FL 34135				3. Mailing Address 12660 BONITA BEACH ROAD SE BONITA SPRINGS, FL 34135			
City & State _____				City & State _____			
Zip _____		Country USA		Zip _____		Country USA	
4. FEI Number 01-0673895				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent SCHILLER, STEPHEN 11819 METRO PARKWAY FT. MYERS, FL 33912				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 12660 BONITA BEACH ROAD SE BONITA SPRINGS, FL 34135 City _____ FL Zip Code 34135			
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 <u>STEPHEN J. SCHILLER</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4/29/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHILLER, JEROME D 11819 METRO PARKWAY FORT MYERS, FL 33912 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	12660 BONITA BEACH ROAD SE BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHILLER, STEPHEN J 11819 METRO PARKWAY FORT MYERS, FL 33912 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	12660 BONITA BEACH ROAD SE BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	400129445554 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/14/08--01015--005 **288.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

11. 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 is true and accurate and that my 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: Robert F. Gaedke **ROBERT F. GAEDKE, CONTROLLER** 4/29/08 (239) 908-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE