


ANNUAL REPORT

FILED
Sep 05, 2007 8:00 am
Secretary of State

09-05-2007 90024 012 ****50.00

DOCUMENT # L05000117127

1. Entity Name
G'VITALE INTERNATIONAL REALTY, LLC



Principal Place of Business Mailing Address
8695 COLLEGE PARKWAY, SUITE 118 **2511 SE 20TH AVE**
FORT MYERS, FL 33919 **CAPE CORAL, FL 33904**

2. Principal Place of Business - No P.O. Box #
2511 SE 20th Ave

3. Mailing Address
 Suite, Apt. #, etc. City, Apt. #, etc.

City & State
CAPE CORAL FL

City & State
CAPE CORAL FL

Zip
33904 Country
Lee



08292007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent

JULIE G'VITALE
8695 COLLEGE PKWY
SUITE 118
FORT MYERS, FL 33919

7. Name and Address of New Registered Agent

Name
JULIE G'VITALE

Street Address (P.O. Box Number is Not Acceptable)
2511 SE 20th Ave

City
CAPE CORAL FL Zip Code
33904

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 *Julie G'Vitale* DATE 8/29/07

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

Filing Fee is \$50.00 Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM G'VITALE, JULIE A 8695 COLLEGE PARKWAY, SUITE 118 FORT MYERS, FL 33919 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JULIE G'VITALE 2511 SE 20th Avenue CAPE CORAL FL 33904 <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	<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
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: *Julie G'Vitale* Date 8/29/07 Daytime Phone # 239-229-9571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE