


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90055 050 ***138.75

DOCUMENT # L07000042507

1. Entity Name
INTERNET REALM, LLC



Principal Place of Business Mailing Address
19 SUGARMILL WAY **19 SUGARMILL WAY**
HAVANA, FL 32333 FL **HAVANA, FL 32333 FL**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. **PO Box 1266**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Havana, FL
 Zip Country Zip Country
32333 **Gadsden**

60001875



01112008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
20-8879495 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
FOSHEE, BONNIE
19 SUGARMILL WAY
HAVANA, FL 32333

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

<p>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</p>	<p>Make check payable to Florida Department of State</p>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOSHEE, BONNIE 19 SUGARMILL WAY HAVANA, FL 32333 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Bonnie C. Foshee Jan. 11, 2008 (850) 320-2909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #