


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90034 025 ***138.75

DOCUMENT # L07000067340	
1. Entity Name THORPE REALTY, LLC	

Principal Place of Business 13247 CASA VERDE CIR ASTATULA, FL 34705	Mailing Address 13247 CASA VERDE CIR ASTATULA, FL 34705
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03272008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent	
MERIDETH C NAGEL PA 953 10TH STREET CLERMONT, FL 34711	

7. Name and Address of New Registered Agent	
Name -	
Street Address (P.O. Box Number is Not Acceptable) 450 East Hwy 50, Ste. 4	
City Clermont	Zip Code FL 34711

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  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)	DATE 4/30/08

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THORPE, ANTHONY S 13247 CASA VERDE CIR ASTATULA, FL 34705 <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	MGRM THORPE, LINDA 13247 CASA VERDE CIR ASTATULA, FL 34705 <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
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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 Chapter 608, Florida Statutes.

SIGNATURE:  LINDA THORPE	Date 4-9-08	Daytime Phone # 352-874-7336
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