2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006935

Entity Name: MICHAEL WADE REALTY, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
3429 COZUMEL COURT JACKSONVILLE, FL 32225	817 MORAVON AVENUE JACKSONVILLE, FL 32211

Current Mailing Address:	**New Mailing Address:**
3429 COZUMEL COURT JACKSONVILLE, FL 32225	817 MORAVON AVENUE JACKSONVILLE, FL 32211

FEI Number: 11-3685116   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
KROESEN, ERIC W 3429 COZUMEL COURT JACKSONVILLE, FL 32225 US	KROESEN, ERIC W 817 MORAVON AVENUE JACKSONVILLE, FL 32211 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: _____   01/09/2007

           Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:

		ADDITIONS/CHANGES:	
Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	KROESEN, ERIC	Name:	KROESEN, ERIC
Address:	3429 COZUMEL CT.	Address:	817 MORAVON AVENUE
City-St-Zip:	JACKSONVILLE, FL 32225	City-St-Zip:	JACKSONVILLE, FL 32211
Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	LAMONTAGNE, JEFFREY	Name:	LAMONTAGNE, JEFFREY
Address:	3429 COZUMEL CT.	Address:	817 MORAVON AVENUE
City-St-Zip:	JACKSONVILLE, FL 32225	City-St-Zip:	JACKSONVILLE, FL 32211

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: ERIC KROESEN   MGRM   01/09/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date