
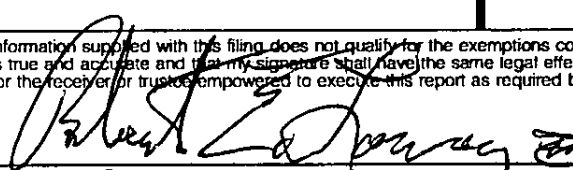


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L00000000032</b>		
1. Entity Name <b>RREAL MANAGEMENT, LLC</b>		
Principal Place of Business <b>1889 STATE ROAD 44 NEW SMYRNA BEACH, FL 32168</b>	Mailing Address <b>1889 STATE ROAD 44 NEW SMYRNA BEACH, FL 32168</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>LOWREY, ROBERT E 1889 STATE ROAD 44 NEW SMYRNA BEACH, FL 32168</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LOWREY, ROBERT E 1889 STATE ROAD 44 NEW SMYRNA BEACH, FL 32168</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DELPERCIO, LEONARD P 1889 STATE ROAD 44 NEW SMYRNA BEACH, FL 32168</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DELPERCIO, MICHAEL 1889 STATE ROAD 44 NEW SMYRNA BEACH, FL 32168</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<b>1/17/08</b> <small>Date Daytime Phone #</small>



01172008No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>59-3617188</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

U00000735996  
01/29/08-80014-014 138.75