

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009105

FILED  
Jul 14, 2006  
Secretary of State

**Entity Name:** TOP FLORIDA IMMOBILIEN REALTY, LLC

**Current Principal Place of Business:**

8965 COLLEGE PARKWAY  
SUITE 234  
FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

4425 SW 14TH AVENUE  
CAPE CORAL, FL 33914

**New Mailing Address:**

5125 SW 16TH PLACE  
CAPE CORAL, FL 33914

FEI Number: 65-1028332      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PARYS, REMIGIUSZ  
4425 SW 14TH AVENUE  
CAPE CORAL, FL 33914      US

**Name and Address of New Registered Agent:**

PARYS, REMIGIUSZ  
5125 SW 16TH PLACE  
CAPE CORAL, FL 33914      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:

07/14/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: PARYS, REMIGIUSZ  
Address: 4425 SW 14TH AVENUE  
City-St-Zip: CAPE CORAL, FL 33914

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: PARYS, REMIGIUSZ  
Address: 5125 SW 16TH PLACE  
City-St-Zip: CAPE CORAL, FL 33914

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: REMIGIUSZ PARYS

MGRM

07/14/2006

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