

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010857

FILED
Jan 12, 2006
Secretary of State

Entity Name: INDEPENDENT BROKERS REALTY OF MARCO ISLAND, L.L.C.

Current Principal Place of Business:

1721 SAN MARCO ROAD
MARCO ISLAND, FL 34145

New Principal Place of Business:

1330 FORREST CT
MARCO ISLAND, FL 34145

Current Mailing Address:

1721 SAN MARCO ROAD
MARCO ISLAND, FL 34145

New Mailing Address:

1330 FORREST CT
MARCO ISLAND, FL 34145

FEI Number: 59-3670465

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROCHE, CHRISTOPHER A
229 NORTH COLLIER BLVD.
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MAILE, RENEE S
Address: 790 PARTRIDGE CT
City-St-Zip: MARCO ISLAND, FL 34145

Title: MGRM () Delete
Name: MAILE, CORY S
Address: 790 PARTRIDGE CT
City-St-Zip: MARCO ISLAND, FL 34145

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MAILE, RENEE S
Address: 1330 FORREST CT
City-St-Zip: MARCO ISLAND, FL 34145

Title: MGRM (X) Change () Addition
Name: MAILE, CORY S
Address: 1330 FORREST CT
City-St-Zip: MARCO ISLAND, FL 34145

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: RENEE MAILE

MGRM

01/12/2006

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