

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90060 008 \*\*\*\*50.00

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<b>DOCUMENT # L01000000512</b> 1. Entity Name <b>REALVEST DEVELOPMENT, LLC</b>					
Principal Place of Business <b>2200 LUCIEN WAY, SUITE 350 MAITLAND, FL 32751</b>			Mailing Address <b>2200 LUCIEN WAY, SUITE 350 MAITLAND, FL 32751</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>52-2290809</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required.			
6. Name and Address of Current Registered Agent  <b>POHL, FRANK L ESQ. 280 WEST CANTON AVE. SUITE 410 WINTER PARK, FL 32790</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM REALVEST HOLDINGS, LLC 2200 LUCIEN WAY, SUITE 350 MAITLAND, FL 32751</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LIVINGSTON, GEORGE D 2200 LUCIEN WAY STE 350 MAITLAND, FL 32751</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR LONGSTAFF, G GEOFFREY 2200 LUCIEN WAY STE 350 MAITLAND, FL 32751</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V NEVELEFF, STEPHEN M 2200 LUCIEN WAY STE 350 MAITLAND, FL 32751</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CALLAWAY, PATRICK T 2200 LUCIEN WAY STE 350 MAITLAND, FL 32751</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S YANNUCCI, DAWN L 2200 LUCIEN WAY STE 350 MAITLAND, FL 32751</b>	<input checked="" type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date <span style="float: right;">4/15/05</span> Daytime Phone #					