2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000002196

1. Entity Name
REALMED REALTY, LLC

Principal Place of Business	Mailing Address
1001 PONCE DE LEON BLVD. ST. AUGUSTINE, FL 32084	1001 PONCE DE LEON BLVD. ST. AUGUSTINE, FL 32084

01032006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1631471
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MEDEIROS, ROBERT E
1001 PONCE DE LEON BLVD.
ST. AUGUSTINE, FL

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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 _____ DATE
(signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

U00000414876
02/11/06-80055-006 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	REALEJO, FRANK
STREET ADDRESS	1001 PONCE DE LEON BLVD
CITY-ST-ZIP	ST AUGUSTINE, FL
TITLE	MGRM
NAME	REALEJO, MARIA G
STREET ADDRESS	1001 PONCE DE LEON BLVD
CITY-ST-ZIP	ST AUGUSTINE, FL
TITLE	MGRM
NAME	MEDEIROS, ROBERT E
STREET ADDRESS	1001 PONCE DE LEON BLVD
CITY-ST-ZIP	ST AUGUSTINE, FL
TITLE	MGRM
NAME	MEDEIROS, MARIE I
STREET ADDRESS	1001 PONCE DE LEON BLVD
CITY-ST-ZIP	ST AUGUSTINE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1-30-06 904-827-0095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #