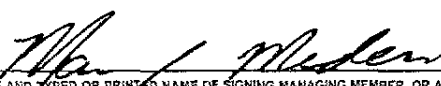


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L01000002196		
1. Entity Name REALMED REALTY, LLC		
Principal Place of Business 1001 PONCE DE LEON BLVD. ST. AUGUSTINE, FL 32084	Mailing Address 1001 PONCE DE LEON BLVD. ST. AUGUSTINE, FL 32084	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MEDEIROS, ROBERT E 1001 PONCE DE LEON BLVD. ST. AUGUSTINE, FL		DO NOT WRITE IN THIS SPACE
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 _____ (sign over, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
000000414876 02/11/06-80055-006 50.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	MGR REALEJO, FRANK 1001 PONCE DE LEON BLVD ST AUGUSTINE, FL	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY, ST, ZIP	MGRM REALEJO, MARIA G 1001 PONCE DE LEON BLVD ST AUGUSTINE, FL	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	MGRM MEDEIROS, ROBERT E 1001 PONCE DE LEON BLVD ST AUGUSTINE, FL	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	MGRM MEDEIROS, MARIE I 1001 PONCE DE LEON BLVD ST AUGUSTINE, FL	
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 606, Florida Statutes.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		1-30-06 Date 904-827-0095 Daytime Phone #