

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 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
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01162007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 06-1631471	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2007

000000620792
 02/03/07-80051-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REALEJO, FRANK 1001 PONCE DE LEON BLVD ST AUGUSTINE, FL
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	

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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 606, Florida Statutes.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____