


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000002196 1. Entity Name REALMED REALTY, LLC	
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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)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1631471	Applied For <input type="checkbox"/> 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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


**Filing Fee is \$50.00
Due by May 1, 2007**

**000000620792
02/09/07-80051-005 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	

**DO NOT WRITE
IN THIS SPACE**

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

Date _____ Daytime Phone # _____