


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90027 045 ****50.00

DOCUMENT # L01000005581 1. Entity Name REAL PROPERTIES MANAGEMENT CO., LLC	
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Principal Place of Business 1070 POWELL DR SINGER ISLAND, FL 33404	Mailing Address 1070 POWELL DR SINGER ISLAND, FL 33404
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DO NOT WRITE IN THIS SPACE



04202006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1102497	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent POWELL, H. BRANTLY 1070 POWELL DR SINGER ISLAND, FL 33404

**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.

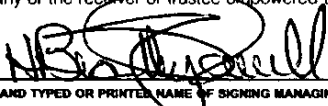
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POWELL, H. BRANTLY 1070 POWELL DR SINGER ISLAND, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POWELL, CYNTHIA B 1070 POWELL DR SINGER ISLAND, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOULD, KELLY P 1070 POWELL DR SINGER ISLAND, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 608, Florida Statutes.

SIGNATURE:  **4/24/06** **919 387 2929**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #