2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

Apr 17, 2006 8:00 am Secretary of State 04-17-2006 90040 005 ****50.00 **DOCUMENT # L01000018790** REALTY ASSET TRUST, LLC Sangaina Principal Place of Business Mailing Address C/O RICHARD J. MUSHINSKI, P.C. P.O. BOX 69 CORTEZ, FL 34215 13406 SUNDOWNER DR. HOUSTON, TX 77041 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052006 Chg-LLC CR2E083 (11/05) City & State 4. FEI Number Applied For City & State 47-0927518 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ZANE, SEFFREY BROCK, CLIFFORD Street Address (P.O. Box Number is Not Acceptable) 4800 RIVERSIDE DR. P.O. BOX 69 CORTEZ, FL 34215 City PAIN BEACH GARDENS 33410 afity submits this statement for the purposa of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above nam the obligations of SIGNATURE and bile if appl (NOTE: Registered Agent signature required when reinstating) Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGR ☐ Addition TITLE Delete TITLE Change HENSARLING BROCK, CLIFFORD NAME NAME STREET ADDRESS P.O. BOX 69 STREET ADDRESS CITY-ST-ZIP CORTEZ, FL 34215 CITY-ST-ZIP ☐ Addition TITLE ☐ Detete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ■ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-712 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITI F ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P 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 ampowered to execute this report as required by Chapter 608, Florida Statutes.

BER, MANAGER, OR AUTHORIZED REPRESENTATIVE

05/06

FILED