

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000008171

Entity Name: REAL PROPERTIES, LLC

FILED  
Apr 08, 2008  
Secretary of State

## Current Principal Place of Business:

7970 SUMMERLIN LAKES DRIVE  
SUITE 200  
FORT MYERS, FL 33907 US

## New Principal Place of Business:

## Current Mailing Address:

7970 SUMMERLIN LAKES DRIVE  
SUITE 200  
FORT MYERS, FL 33907 US

## New Mailing Address:

FEI Number: 01-0658292

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REED, KAREN  
7970 SUMMERLIN LAKES DRIVE  
SUITE 200  
FORT MYERS, FL 33907 US

## Name and Address of New Registered Agent:

REED, KAREN B  
7970 SUMMERLIN LAKES DRIVE  
SUITE 200  
FORT MYERS, FL 33907 US

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.

SIGNATURE: KAREN REED

04/08/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: ALEA, OSCAR A  
Address: 15216 BAHIA CT  
City-St-Zip: FORT MYERS, FL 33908

Title: MGR ( ) Delete  
Name: ALEA, MYRIAN M  
Address: 15216 BAHIA CT  
City-St-Zip: FORT MYERS, FL 33908

Title: MGR ( ) Delete  
Name: REED, CARL M  
Address: 1191 ROSEMOUNT DRIVE  
City-St-Zip: FORT MYERS, FL 33913 US

Title: MGR ( ) Delete  
Name: REED, KAREN B  
Address: 1191 ROSEMOUNT DRIVE  
City-St-Zip: FORT MYERS, FL 33913 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: ALEA, OSCAR A M.D.  
Address: 15216 BAHIA CT  
City-St-Zip: FORT MYERS, FL 33908

Title: MGRM (X) Change ( ) Addition  
Name: ALEA, MYRIAN M  
Address: 15216 BAHIA CT  
City-St-Zip: FORT MYERS, FL 33908

Title: MGRM (X) Change ( ) Addition  
Name: REED, CARL M M.D.  
Address: 1191 ROSEMOUNT DRIVE  
City-St-Zip: FORT MYERS, FL 33913 US

Title: MGRM (X) Change ( ) Addition  
Name: REED, KAREN B  
Address: 1191 ROSEMOUNT DRIVE  
City-St-Zip: FORT MYERS, FL 33913 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KAREN B. REED

MGRM

04/08/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date