

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000008171

Entity Name: REAL PROPERTIES, LLC

FILED
Mar 31, 2010
Secretary of State

Current Principal Place of Business:

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

Current Mailing Address:

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

New Principal Place of Business:

7970 SUMMERLIN LAKES DRIVE
SUITE 100
FORT MYERS, FL 33907 US

New Mailing Address:

7970 SUMMERLIN LAKES DRIVE
SUITE 100
FORT MYERS, FL 33907 US

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

Name and Address of New Registered Agent:

REED, KAREN B M.D.
7970 SUMMERLIN LAKES DRIVE
SUITE 100
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, M.D.

03/31/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

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

Title: MGRM
Name: REED, KAREN B M.D.
Address: 1191 ROSEMOUNT DRIVE
City-St-Zip: FORT MYERS, FL 33913 US

I hereby 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 REED, M.D.

MGRM

03/31/2010

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