

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000008171

Entity Name: REAL PROPERTIES, LLC

FILED  
Feb 13, 2012  
Secretary of State

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

7970 SUMMERLIN LAKES DRIVE  
SUITE 100  
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 B M.D.  
7970 SUMMERLIN LAKES DRIVE  
SUITE 100  
FORT MYERS, FL 33907 US

**Name and Address of New Registered Agent:**

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:

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

MGRM

02/13/2012

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