## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

## Jan 07, 2005 08:00 AM Secretary of State DOCUMENT # L02000008577 1. Entity Name 828 REALTY, L.L.C. Principal Place of Business Mailing Address 2149 ST. ANDREWS CIRCLE 2149 ST. ANDREWS CIRCLE ORLANDO, FL 32835 ORLANDO, FL 32835 01042005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BROWN, DANIEL E DO NOT WRITE 2149 ST. ANDREWS CIRCLE ORLANDO, FL 32835 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, typed or printed harre of registered agent and title if applicable INOTE Registered Agent signalure reguland when reinstating) DATE U000000174109 Filing Fee is \$50,00 Due by May 1, 2005 01/07/05-80045-011 50.00 MANAGING MEMBERS/MANAGERS 9, TITLE MCR BROWN, DANIEL E NAME STREET ADDRESS 2149 ST. ANDREWS CIRCLE CITY - ST - ZIP ORLANDO, FL 32835 MLE NAME STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY ST-7IP mu IN THIS SPACE NAME STREET ADDRESS CITY-ST ZIP NAME STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-4-05

<u>407 -445-28414</u>

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