


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 24, 2007 8:00 am**  
**Secretary of State**

01-24-2007 90053 012 \*\*\*\*50.00

DOCUMENT # L02000010571	
1. Entity Name DONNA SPEARS REALTY, L.L.C.	

Principal Place of Business 6335 C-30A PORT SAINT JOE FL 32456	Mailing Address 6335 C-30A PORT SAINT JOE FL 32456
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2. Principal Place of Business - No P.O. Box # 2220 C30A Suite, Apt. #, etc.	3. Mailing Address 2220 C30A Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/06)

City & State Port St Joe FL	City & State Port St Joe FL
Zip 32456	Zip 32456
Country	Country

4. FEI Number 05-0526255	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SPEARS, DONNA D 2220 C 30 A PORT ST. JOE FL 32456	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 <u>Donna Spears</u> DATE <u>01-19-07</u>	
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<p align="center"><b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b></p>	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM SPEARS, DONNA D 2220 C 30 A PORT ST. JOE FL 32456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: <u>Donna Spears</u>	DATE: <u>01-19-07</u>	DAYTIME PHONE: <u>850-227-7879</u>
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