

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010588

**FILED**  
**Apr 24, 2005**  
**Secretary of State**

**Entity Name:** 24K REALTY, L.C.

**Current Principal Place of Business:**

15601 FIDDLESTICKS BLVD  
FORT MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

15601 FIDDLESTICKS BLVD  
FORT MYERS, FL 33912

**New Mailing Address:**

FEI Number: 01-0698937

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NAPLES-LAWDOCK, INC.  
1395 PANTHER LANE  
SUITE 300  
NAPLES, FL 34109 US

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

SALVATORI & WOOD, P.L.  
4001 TAMAMI TRAIL NORTH  
SUITE 330  
NAPLES, FL 34103 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: LEO J. SALVATORI

04/24/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: WALTON, SUE H  
Address: 15601 FIDDLESTICKS BLVD  
City-St-Zip: FORT MYERS, FL 33912

Title: MGR ( ) Delete  
Name: WALTON, DOUGLAS L  
Address: 15601 FIDDLESTICKS BLVD  
City-St-Zip: FORT MYERS, FL 33912

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DOUGLAS L. WALTON

MGR

04/24/2005

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