

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010588

FILED
Feb 14, 2009
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:

2044 WEST FIRST STREET
FORT MYERS, FL 33901

Current Mailing Address:

15601 FIDDLESTICKS BLVD
FORT MYERS, FL 33912

New Mailing Address:

2044 WEST FIRST STREET
FORT MYERS, FL 33901

FEI Number: 01-0698937

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALVATORI & WOOD, P.L.
4001 TAMAMI TRAIL NORTH
SUITE 330
NAPLES, FL 34103 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: 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: MGR (X) Change () Addition
Name: WALTON, SUE H
Address: 2044 WEST FIRST STREET
City-St-Zip: FORT MYERS, FL 33901

Title: MGR (X) Change () Addition
Name: WALTON, DOUGLAS L
Address: 2044 WEST FIRST STREET
City-St-Zip: FORT MYERS, FL 33901

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 WALTON

MGR

02/14/2009

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