## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 03, 2007 08:00 A Secretary of State

ANNUAL: REPORT				Way 05, 2007 00.	
1. Entity Nam		71		}	Secretary of St
POLARU	S REALTY LLC				
Principal Plac	e of Business	Mailing Address			
	ON ISLAND RD In, FL 32139	260 DRAYTON ISLAND RD Georgetown, FL 32139			
A CONTRACTOR OF THE STATE OF TH			i la la		
F	O NOT WRITE	IN THIS SDA	CE	04192007 No Chg-LLC	CR2E083 (11/05)
. : 🖴		IIV IIIIO SEA		4. FEI Number 51-0428693	Applied For Not Applicable
				5. Certificate of Status Desired	\$5.00 Additional Fee Required
	6. Name and Address of Current Re	glatered Agent	na hilli		
GEIGER, I	BRUCE A			DO NOT W	pite (1)
	TON ISLAND RD			(1) 改计代码设计性批判规划的执行品提供)	自然的选择的现在 医皮肤溶解 的复数分析
GEORGE	FOWN, FL 32139			· IN THIS SP	ACE
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					
	Signature, typed or printed name of registered agent and	title il applicable. (NOTE Registere	d Agent signature required		DATE
Filing Fee is \$50.00 Due by May 1, 2007				05/24/07-	750007 80064-022 50.00
9.	MANAGING MEMBERS	/MANAGERS	53 65 gr	THE STREET	1, 1, 14
TITLE	MGRM				programme and the second of th
NAME STREET ADDRESS	GEIGER, BRUCE A 260 DRAYTON ISLAND RD				
CITY-ST-ZIP	GEORGETOWN, FL 32139		,		
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STREET ADDRESS CITY-ST-ZIP				DO NOT W	RITE
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NAME					
STREET ADDRESS CITY+ST-ZIP					
TITLE					
NAME	,				
STREET ADDRESS					

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is trenand 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

4-30-2001

Daytime Phone #