2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L02000020315 t. Entity Name LA SÁLLE REALTY, LLC

Principal Place of Business

Mailing Address

25191 U.S. HIGHWAY 19 NORTH CLEARWATER, FL 34623

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FILED Mar 10, 2006 08:00 AM **Secretary of State**



DO NOT WRITE IN THIS SPACE

01132006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 52-2388207

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RIEF, FRANK J III 442 WEST KENNEDY BLVD., SUITE 340 **TAMPA, FL 33606**

DO NOT WRITE 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 Signistrie, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required whon reinstating) DATE			
Filling Fee is \$50.00 Due by May 1, 2006 IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			
g.	MANAGING MEMBERS/MANAGERS		03/21/06-80014-007 50.00
TITLE HAME STREET ADDRESS CITY-ST-21P	MGR DIMMITT, RICHARD R 25191 U.S. HIGHWAY 19 NORTH CLEARWATER, FL 34623		
TITLE NAME STREET ADDRESS CITY-SI-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE 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 true and accurate and that my signature shall have the same legal effect as it made under each; that I am a managing member or manager of the limited liability company or the redeliver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP