2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING

Feb 22, 2007 8:00 am DOCUMENT # L02000021723 **Secretary of State** 1. Entity Name 02-22-2007 90279 048 ****50.00 THE RMG REAL ESTATE, LLC Principal Place of Business Mailing Address 2919 SWANN AVENUE, STE. 305 5245 E. FLETCHER AVE. SU 1 **TAMPA FL 33609** TAMPA FL 33617 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5245 E. Fletcher Ave Suite, Apt. #, etc. Suite, Apt. #, ctc. 1st MOORE CR2E083 (10/06) Suite City & State City & State 4. FEI Number Applied For FL 56-2289566 TAMPA Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RIEF, FRANK J III Street Address (P.O. Box Number is Not Acceptable) 442 WEST KENNEDY BLVD., STE, 340 **TAMPA FL 33606** 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 Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES Measure Change FILLE MGR ☐ Delele TIFLE BNO-R/Secretary ■ Addition NAME Verkaul parr VERKAUF, BARRY S saux, Fletcher Ave Sute 1 STREET ADDRESS 2919 SWANN AVENUE, STE. 305 STRITET ADDRESS CITY-ST-7IP 33617 **TAMPA FL 33609** CITY-ST-7IP TAMPA MGRIP TIRLE ☐ Delete mu ☐ Change Addition Tarantino Samuel 5045 & Pletcher Ave #1 NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-ST-7IP TAMPA MURIVA 33617 mir ☐ Delete THEF Change Addition NAME Bernhisel Marc 15245 E. Pretcher five +1 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP IIILE ☐ Delete THILE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP C)1Y-S1-7IP DITE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-SI-ZIP TIFLE ☐ Delete DILE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP 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.

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED