


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000023941
 1. Entity Name
 REALTY SHOWCASE, LLC



Principal Place of Business Mailing Address
 2300 LEE ROAD 2300 LEE ROAD
 WINTER PARK, FL 32789 WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE



04272005No Chg-LLC CR2E083 (10/03)

4. FEI Number 04-3712669	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 DYE, RICHARD A
 2300 LEE ROAD
 WINTER PARK, FL 32789

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHITWOOD, STEVE 2300 LEE ROAD WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEL-AIR ASSOCIATES, INC. 2300 LEE ROAD WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000341571
 04/29/05-80022-008 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: ADAM B. MICHAEL KOLIN, VP Date: 4/26/05 Daytime Phone #: 407-644-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE