
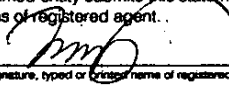



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90251 040 \*\*\*\*50.00

<b>DOCUMENT # L02000026677</b> 1. Entity Name <b>NATIONAL REALTY LLC</b>					
Principal Place of Business <b>3432 UNITED STATES HIGHWAY 19 PMBR HOLIDAY, FL 34691 US</b>			Mailing Address <b>611 S. FORT HARRISON #140- CLEARWATER, FL 33756 US 3432 US Hwy 19 PMBR Holiday FL 34691</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04172007 Chg-LLC CR2E083 (12/06)	
4. FEI Number <b>45-0487948</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<del>DODGE, ADRIANA</del> <del>611 S. FORT HARRISON #140-</del> <del>CLEARWATER, FL 33756</del>			Name <b>Richard Bryndle</b> Street Address (P.O. Box Number is Not Acceptable) <b>3432 US Hwy 19 PMBR</b> City <b>Holiday</b> <b>FL</b> Zip Code <b>34691</b>		
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  (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <b>DODGE, ADRIANA</b> <b>3432 UNITED STATES HIGHWAY 19 PMBR</b> <b>HOLIDAY, FL 34691</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing 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 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.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

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