2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 08, 2005
Secretary of State

DOCUMENT# L02000033514

Entity Name: REAL PLUS LLC

Current Principal Place of Business:

4630 S. KIRKHAN R., #205
ORLANDO, FL 32811

New Principal Place of Business:

4630 S. KIRMAN RD, #205
ORLANDO, FL 32811

Current Mailing Address:

4630 S. KIRKHAN R., #205
ORLANDO, FL 32811

New Mailing Address:

4630 S. KIRKMAN RD, #205
ORLANDO, FL 32811

FEI Number: 82-0582809 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GERIK, ADOLFO
3956 TOWN CENTER BLVD., #275
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: OROPEZA, GUSTAVO
Address: 4630 S. KIRKHAN R., #205
City-St-Zip: ORLANDO, FL 32811

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: OROPEZA, GUSTAVO
Address: 4630 S. KIRMAN RD, #205
City-St-Zip: ORLANDO, FL 32811

Title: MGR ( ) Change (X) Addition
Name: OROPEZA, AMARILIS
Address: 4630 S. KIRKMAN RD, #205
City-St-Zip: ORLANDO, FL 332811

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GUSTAVO OROPEZA MGR 07/08/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date