


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90220 046 \*\*\*\*50.00

**DOCUMENT # L03000011143**

1. Entity Name  
**REALTY SOLUTIONS LLC**



Principal Place of Business  
**334 EAST LAKE RD #310  
 PALM HARBOR, FL 34685**

Mailing Address  
**334 EAST LAKE RD #310  
 PALM HARBOR, FL 34685**

**24038705**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



04012004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**552829461**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**AGENTS AND CORPORATIONS, INC.  
 773 4TH AVENUE NORTH STE. E  
 NAPLES, FL 34102**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_ 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, 2004**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
manager	David Negri	334 East Lake Rd. 220	Palm Harbor FL 34685	<input type="checkbox"/>
mgrm	Dani Enterprises LLC	334 East Lake Rd #310	Palm Harbor FL 34685	<input checked="" type="checkbox"/>
mgrm	Realty network Group	334 East Lake Rd. #310	Palm Harbor FL 34685	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Mg Membr	David Negri	334 East Lake Rd #220	Palm Harbor FL 34685	<input checked="" type="checkbox"/>	<input type="checkbox"/>
mgrm	Valene Negri	334 East Lake Rd #220	Palm Harbor FL 34685	<input type="checkbox"/>	<input checked="" type="checkbox"/>
mgrm	LEAH Negri	334 East Lake Rd #220	Palm Harbor FL 34685	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify 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 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:** David Negri mgrm. **4/9/04** **727-647-9473**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #