

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000028703

FILED  
Apr 25, 2006  
Secretary of State

Entity Name: METRO AREA REALTY, LLC

## Current Principal Place of Business:

651 HERON BAY DR  
ORLANDO, FL 32825 US

## New Principal Place of Business:

8545 COMMODITY CIRCLE  
ORLANDO, FL 32819 US

## Current Mailing Address:

1969 S. ALAFAYA TRAIL  
406  
ORLANDO, FL 32828 US

## New Mailing Address:

8545 COMMODITY CIRCLE  
ORLANDO, FL 32819 US

FEI Number: 80-0073148

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DINH, NGOC P  
1969 S. ALAFAYA TRAIL  
406  
ORLANDO, FL 32828 US

## Name and Address of New Registered Agent:

DINH, NGOC P  
8545 COMMODITY CIRCLE  
ORLANDO, FL 32819 US

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: NGOC DINH

04/25/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: DINH, NGOC P  
Address: 1969 S. ALAFAYA TRAIL, #406  
City-St-Zip: ORLANDO, FL 32828 US

Title: MGRM ( ) Delete  
Name: DINH, GIAC V  
Address: 1969 S. ALAFAYA TRAIL, #406  
City-St-Zip: ORLANDO, FL 32828

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: NGOC DINH

MGRM

04/25/2006

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