


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000033020
f. Entity Name
REALTY ONE INVESTMENTS, LLC



<small>Principal Place of Business</small> 2421 NORTH LECANTO HWY. LECANTO, FL 34461	<small>Mailing Address</small> 2421 NORTH LECANTO HWY. LECANTO, FL 34461
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DO NOT WRITE IN THIS SPACE



04102006 No Chg-LLC CR2EQ83 (11/05)

<small>4. FEI Number</small> 42-1605023	<small>Applied For</small> Not Applicable
<small>5. Certificate of Status Desired</small> <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CUNNINGHAM, KEVIN
2421 NORTH LECANTO HWY.
LECANTO, FL 34461

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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	MGR CUNNINGHAM, KEVIN 2421 N. LECANTO HWY. LECANTO, FL 34461
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	
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<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	

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05/02/06-80013-009 50.00

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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 605, Florida Statutes

SIGNATURE _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE 4/17/06 Daytime Phone #