
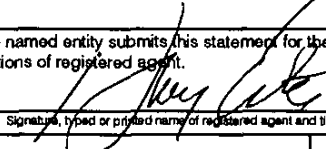
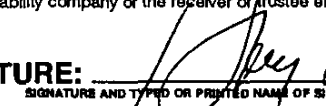


2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 10 AM 11:18

DOCUMENT # L03000040414 1. Entity Name EXEC REALTY, LLC					
Principal Place of Business 1713 MAGDALENE MANOR DRIVE TAMPA, FL 33613			Mailing Address 1713 MAGDALENE MANOR DRIVE TAMPA, FL 33613		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MYERS, LARRY 1713 MAGDALENE MANOR DRIVE TAMPA, FL 33613			Name Harvey T. Estes Street Address (P.O. Box Number is Not Acceptable) 1713 Magdalene Manor Drive City Tampa FL 33613		
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 3-31-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$50.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ESTES, JEVON 1713 MAGDALENE MANOR DRIVE TAMPA, FL 33613 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Estes, Harvey T. 1713 Magdalene Manor Dr. Tampa, FL 33613 <input checked="" 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 <div style="text-align: center;"> 100072188691 04/27/06--01008--005 **50.00 </div>	
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	
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.					
SIGNATURE: 			Date 3-31-06 Daytime Phone # 813-971-2425		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					