## 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

20	AME	NDE	D ANN	IUAL REPO	RT	чт		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	
DOCUMENT # L03000040414								DIVISION OF CORPORATIONS	
1. Entity Nam EXEC RE	EXEC REALTY, LLC  rincipal Place of Business Mailing Address 713 MAGDALENE MANOR DRIVE 1713 MAGDALENE MANOR DRIVE							06 APR 10 AMII: 18	
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								AND AND THE RESERVE OF THE PERSON AND THE PERSON AN	
2. Principal Place of Business				3. Mailing Address					
Suite, Apt. #, etc.				Suite, Apt. #, etc.				03242006 Chg-LLC CR2E083 (11/05)	
City & State				City & State				4. FEI Number Applied For 51-0504842 Not Applied be	
Zip		Country		Zip	Coun	try		5. Certificate of Status Desired See Required Fee Required	
	6. Name s	nd Addre	ss of Current F	Registered Agent		Name		7. Name and Address of New Registered Agent	
MYERS, LARRY						Name Harvey T. Estes			
1713 MAGDALENE MANOR DRIVE TAMPA: FL 33613						Street Address (P.O. Box Number is Not Acceptable)			
					1713 Magdalene Manor Drive				
,							ity Tampa FL Zip Code 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 Storaghes Noted or prided manner of rediffered appellation (NOTE Registered Apent signature required when reinstating)  DATE									
	Signature, lybed or priyited name/of redistated agent and title if applicable. (NOTE Registered Agent algorithms required when reinstaling)  DATE								
A	mended Al							Make check payable to Florida Department of State	
9. TITLE	MGR	MANA	GING MEMBE	RS/MANAGERS Delete	10.	<u> </u>	MGI	ADDITIONS/CHANGES  RM XX Change	
NAME	ESTES, JE	VON		L Delete	NAM		Est	tes, Harvey T.	
STREET ADDRESS	1713 MAG		MANOR DRI	VE		ET ADDRESS -ST-ZIP	171 Tan	13 Magdalene Manor Dr. mpa, FL 33613	
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indicated limited li	d on this report ability compan	iniomnation t is true and v or the re	an supplied with diaccurate and seiver or itruste	i that my signature shall have e empowered to execute thi	or the ex the san s report a	re legal effe surprions co	ct as if r	I in Chapter 119, Florida Statutes. I further certify that the information made under oath; that I am a managing member or manager of the pter 608, Florida Statutes.	
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SIGNA	TURE:	_//	Mey	F SIGNING MANAGING MEMBER, M	ANA 45-	a Almin-		3-31-06 813-971-2425	
					-маскя С	H AUTHORIZE(	, KEPRESI	SENTATIVE Date Daytime Phone #	