2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000001655

1. Entity Name IFM REALTY, LLC

Principal Place of Business

799 BELL RD SARASOTA, FL 34240 Mailing Address

799 BELL RD

SARASOTA, FL 34240

FILED Jan 12, 2006 08:00 AM **Secretary of State**



01042006 No Chg-LLC

CR2E083 (11/05)

4.	FEI	Number		
	51	-049391	4	

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required 45 SECTION OF SECTION

6. Name and Address of Current Registered Agent

MOSCA, FRANK 8701 MIDNIGHT PASS ROAD #201A SARASOTA, FL 34242

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	named entity submits this statement for the purpose of chairs of registered agent.	anging its registered office or registered agent, or both	n, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable	[NOTE. Registered Agent signature required when reinstating)	DATE
	iling Fee is \$50.00 ue by May 1, 2006		1100000384899 01/17/06-80034-007 50.00
9. TITLE NAME STREET ADDRESS GITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGR MOSCA, FRANK 8701 MIDNIGHT PASS ROAD #201A SARASOTA, FL 34242		
TITLE NAME STREET ADDRESS	MGR MOSCA, INA 8701 MIDNIGHT PASS ROAD #201A		

CITY-ST-ZIP SARASOTA, FL 34242 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

11. Thereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

