

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 13, 2006 8:00 am**  
**Secretary of State**

07-13-2006 90079 020 \*\*\*\*50.00

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<b>DOCUMENT # L04000014191</b> 1. Entity Name <b>INVESTORS' REALTY, LLC</b>					
Principal Place of Business <b>24357 TREASURE ISLAND BLVD PUNTA GORDA, FL 33955 US</b>			Mailing Address <b>24160 TREASURE ISLAND BLVD. PUNTA GORDA, FL 33955</b>		
2. Principal Place of Business <i>24160 Treasure Island Blvd</i> Suite, Apt. #, etc.		3. Mailing Address <i>Same as Above</i> Suite, Apt. #, etc.		07112006 Chg-LLC CR2E083 (11/05)	
City & State <i>Punta Gorda FL</i> Zip <i>33955</i>		City & State  Zip  Country		4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent  <b>UNITED STATES CORPORATION AGENTS, INC. 1111 LINCOLN RD SUITE 400 MIAMI BEACH, FL 33139</b>			7. Name and Address of New Registered Agent Name <i>Paul B Forsberg</i> Street Address (P.O. Box Number is Not Acceptable) <i>24160 Treasure Island Blvd</i> City <i>Punta Gorda</i> <b>FL</b> Zip Code <i>33955</i>		
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 <i>Paul B. Forsberg</i> <span style="float: right;"><i>7/14/06</i></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NO New Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORSBERG, PAUL B 24357 TREASURE ISLAND BLVD PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Forsberg Paul B 24160 Treasure Isl Blvd Punta Gorda FL 33955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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: <i>Paul B Forsberg</i> <span style="float: right;"><i>7/14/06</i> <i>941-639-5522</i></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					