


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90034 017 ****50.00

DOCUMENT # L04000017249					
1. Entity Name REAL FUN LLC					
Principal Place of Business 610 NORTH DIXIE HIGHWAY LANTANA, FL 33462			Mailing Address 610 NORTH DIXIE HIGHWAY LANTANA, FL 33462		
2. Principal Place of Business 1801 S. FEDERAL Hwy Suite, Apt. #, etc. Suite 300		3. Mailing Address 1801 S. FEDERAL Hwy Suite, Apt. #, etc. Suite 300			
City & State DELRAY BEACH FL		City & State DELRAY BEACH FL			
Zip 33483		Country USA		Zip 33483	
Country USA		4. FEI Number 20-0822477			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PARK, MICHAEL G 610 NORTH DIXIE HIGHWAY LANTANA, FL 33462			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1801 S. FEDERAL Hwy Suite 300 DELRAY BEACH City FL Zip Code 33483		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PARK, MICHAEL 610 NORTH DIXIE HIGHWAY LANTANA, FL 33462 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1801 S. FEDERAL HWY, STE 300 DELRAY BEACH, FL 33483	
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	
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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: <u><i>Michael Park</i></u> MICHAEL PARK MGRM			Date: <u>3/13/06</u> Daytime Phone #: <u>561-582-4434</u>		