

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018502

FILED  
Jul 06, 2005  
Secretary of State

Entity Name: REAL REALIZED LLC

## Current Principal Place of Business:

2352 NORTHWEST 138 DRIVE  
SUNRISE, FL 33323 US

## New Principal Place of Business:

9789 NOB HILL COURT  
SUNRISE, FL 33351 US

## Current Mailing Address:

2352 NORTHWEST 138 DRIVE  
SUNRISE, FL 33323 US

## New Mailing Address:

9789 NOB HILL COURT  
SUNRISE, FL 33351 US

FEI Number: 20-0812248      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

MADHUSOODANAN, VISHAKH  
2352 NORTHWEST 138 DRIVE  
SUNRISE, FL 33323 US

## Name and Address of New Registered Agent:

MADHUSOODANAN, VISHAKH  
9789 NOB HILL COURT  
SUNRISE, FL 33351 US

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.

SIGNATURE:

07/06/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MADHUSOODANA, VISHAKH  
Address: 2352 NORTHWEST 138 DRIVE  
City-St-Zip: SUNRISE, FL 33323 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: MADHUSOODANA, VISHAKH  
Address: 9789 NOB HILL COURT  
City-St-Zip: SUNRISE, FL 33351 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: VISHAKH MADHUSOODANAN

MGRM

07/06/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date