

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028118

Entity Name: REAL INVESTMENTS, LLC

FILED
Mar 23, 2007
Secretary of State

Current Principal Place of Business:

1876 N UNIVERSITY DR
200 G-H
PLANTATION, FL 33322 US

New Principal Place of Business:

Current Mailing Address:

1876 N UNIVERSITY DR
200 G-H
PLANTATION, FL 33322 US

New Mailing Address:

FEI Number: 52-2444940 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MELLINGER, DARIN W ESQ
225 NE MIZNER BLVD
STE 300
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GONZALEZ, ALEXANDER
Address: 1876 N UNIVERSITY DR SUITE 200 G-H
City-St-Zip: PLANTATION, FL 33322 US

Title: MGRM () Delete
Name: GONZALEZ, LINDA M
Address: 1876 N UNIVERSITY DR SUITE 200 G-H
City-St-Zip: PLANTATION, FL 33322 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GONZALEZ, ALEXANDER
Address: 1876 N UNIVERSITY DR SUITE 200 G-H
City-St-Zip: PLANTATION, FL 33322 US

Title: MGR (X) Change () Addition
Name: GONZALEZ, LINDA M
Address: 1876 N UNIVERSITY DR SUITE 200 G-H
City-St-Zip: PLANTATION, FL 33322 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ALEXANDER GONZALEZ

MGRM

03/23/2007

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