2006 LIMITED LIABILITY COMPANY

FILED Mar 23, 2006 8:00 am Secretary of State

	ANNUAL	REPORT			_	SCCICIA	uy or	Du	aic
DOCUMENT # L04000033058 1. Entity Name							90262 019 **		
	D REALTY, LLC								
Principal Plac	e of Business	Mailing Address 2200	KING	45 HILHN	9.1				
2400 DEDENIANT 7200 HINGS HIM 2400 DEDENIANT			"UN	1126					
PORT CHARL	.0ΠΕ, FL 3 3952	PORT CHARLOTTE, FL 33952							
	33980	3	33980	Ø	1 15 8 11 9 11 1		N BERBE HIER HIN BEID		
O District		3. Mailing Address			- 				
2. Principal P	Place of Business	5. Walling Address			115 11 1	LLI BB LII B äbli BB iik BB lii BB	# 00160 HIND HIM DALLI		II I III II II
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		02242006	Chg-LLC	CR2E083 (11	1/05)		
City & Stat	18	City & State		4. FEI Num	ber 79325			plied For t Applicable	
Zip Country		Zip Cou		ntry			<u> </u>		
					5. Certificate of Status Desired Fee Required				
	6. Name and Address of Current	Registered Agent		,	7. Name an	d Address of New F	legistered Agent		
DUANTUE		^	lame					,	
PHANEUF	EWAVE TOO ITING IS	wy UNIT 26 Street Addre		Street Address (P.O. Box Num	ber is Not Acceptable	9)		
PORT CH	ARLOTTE, FL 33952 339	80							
			City				₽ ∎ Zi	p Code	3
				「					
8. The above	named entity submits this statement for	or the purpose of changing its re	egistered o	office or registe	red agent, or b	oth, in the State of Fi	orida. I am familia	r with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Age	ent signature required	d when reinstating)		DATE		
	3								
F	iling Fee is \$50.00				Make check payable to Florida Department of State				
	ue by May 1, 2006					1 10110	a Department of	, Olak	•
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	/CHANGES		
TITLE	MGRM	☐ Delete	TITLE				□ ci	hange	Addition
NAME	PHANEUF, LEE	או ענט נישונע אוני.	NAME						
STREET ADDRESS	S 3480 DEPEW AVE. 2100 17 1023 15 26 S		STREET AL						
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-	ZIP					
TITLE		☐ Delete	TITLE					hange	Addition
NAME STREET ADDRESS			NAME Street at	norses					
CITY-ST-ZIP			CITY-ST-						
TITLE	· · · · · · · · · · · · · · · · · · ·	□ Delete	TITLE					hange	Addition
NAME			NAME				_	-	_
STREET ADDRESS			STREET AL	DORESS					
CITY-ST-ZIP			CITY-ST-	ZIP					
TITLE		☐ Delete	TITLE				□ c	hange	Addition
NAME			NAME						
STREET ADDRESS			STREET AL	i i					
CITY-ST-ZIP	<u> </u>		-	- Lit				hanes	Addition
TITLE	Delete		TITLE NAME					nange	Addition
NAME STREET ADDRESS	1		STREET A	DDRESS					
CITY-ST-ZIP			CITY-ST-						
		□ Delete	TITLE				ПС		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 trastee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-SI-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytme Phone #