

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90006 036 \*\*\*\*50.00

**DOCUMENT # L04000041136**

1. Entity Name

ROYAL COUNCIL OF THE REAL FAIRYLAND, LLC



Principal Place of Business

1332 LANDFALL DRIVE  
WILMINGTON NC 28405

Mailing Address

1332 LANDFALL DRIVE  
WILMINGTON NC 28405

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-3083409

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

1st MOORE

CR2E083 (10/05)



6. Name and Address of Current Registered Agent

EDELMAN, KENNETH  
2424 NORTH FEDERAL HIGHWAY  
SUITE 462  
BOCA RATON FL 33431

*Address  
change  
only*

7. Name and Address of New Registered Agent

Name: **KENNETH EDELMAN**

Street Address (P.O. Box Number is Not Acceptable)

**2255 GLADE RD.**

**SUITE 337 W.**

City **BOCA RATON**

**FL**

Zip Code  
**33431**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	BOLLINGER, MARILYN L	
STREET ADDRESS	1332 LANDFALL DRIVE	
CITY-ST-ZIP	WILMINGTON NC 28405	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	FRANKEL, RACHEL E	
STREET ADDRESS	1332 LANDFALL DRIVE	
CITY-ST-ZIP	WILMINGTON NC 28405	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	FRANKEL, SHANNON R	
STREET ADDRESS	1332 LANDFALL DRIVE	
CITY-ST-ZIP	WILMINGTON NC 28405	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Marilyn L. Bollinger* **MARILYN L. BOLLINGER, MGR** **4-6-06** **910509 0565**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #