

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044890

Entity Name: DONNELLY REALTY L.L.C.

FILED
Apr 21, 2005
Secretary of State

Current Principal Place of Business:

502 DEVON PLACE
HEATHROW, FL 32746

New Principal Place of Business:

5170 HAWKSTONE DRIVE
SANFORD, FL 32771

Current Mailing Address:

502 DEVON PLACE
HEATHROW, FL 32746

New Mailing Address:

5170 HAWKSTONE DRIVE
SANFORD, FL 32771

FEI Number: 41-2157259

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONNELLY, GREGORY
502 DEVON PLACE
HEATHROW, FL 32746 US

Name and Address of New Registered Agent:

DONNELLY, GREGORY
5170 HAWKSTONE DRIVE
SANFORD, FL 32771 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: GREGORY DONNELLY

04/21/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: DONNELLY, GREGORY
Address: 502 DEVON PLACE
City-St-Zip: HEATHROW, FL 32746

Title: MGR () Delete
Name: DONNELLY, SANDRA
Address: 502 DEVON PLACE
City-St-Zip: HEATHROW, FL 32746

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DONNELLY, GREGORY
Address: 5170 HAWKSTONE DRIVE
City-St-Zip: SANFORD, FL 32771

Title: MGR (X) Change () Addition
Name: DONNELLY, SANDRA
Address: 5170 HAWKSTONE DRIVE
City-St-Zip: HEATHROW, FL 32771

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: GREGORY DONNELLY

MGR

04/21/2005

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