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Secretary of State

07-07-2006 90065 011 ****55.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000044890

1. Entity Name
DONNELLY REALTY L.L.C.

Principal Place of Business
5170 HAWKSTONE DRIVE
SANFORD, FL 32771

Mailing Address
5760 ARNOLD ZLOTOFF DR.
ORLANDO, FL 32821

2. Principal Place of Business: 5760 Arnold Zlotoff Dr.
Suite, Apt. #, etc.
City & State: Orlando, Fl.
Zip: 32821
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

07012006 Chg-LLC CR2E083 (11/05)

4. FEI Number: 41-2157259 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DONNELLY, GREGORY
5760 ARNOLD ZLOTOFF DR.
ORLANDO, FL 32821

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DONNELLY, GREGORY 5170 HAWKSTONE DRIVE SANFORD, FL 32771	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Donnelly, Gregory 5760 Arnold Zlotoff Drive Orlando, FL. 32821 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DONNELLY, SANDRA 5170 HAWKSTONE DRIVE HEATHROW, FL 32771	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR. Donnelly, Sandra 5760 Arnold Zlotoff Drive Orlando, Fl. 32821 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 6-1-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Gregory Donnelly (Manager)

Dear Sirs — ATTACHMENT 206478643
#L04000044890

Please send me a
certificate of status.

Thank you —