

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 20, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # L04000045597**

**1. Entity Name  
FAR REAL ESTATE, LLC**



**Principal Place of Business**

**1778 SW CABIN PLACE  
PALM CITY, FL 34990**

**Mailing Address**

**1778 SW CABIN PLACE  
PALM CITY, FL 34990**



**01132006No Chg-LLC**

**CR2E083 (11/05)**

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
20-1286869**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**DEVICO, LYNN A  
1778 SW CABIN PLACE  
PALM CITY, FL 34990**

**DO NOT WRITE  
IN THIS SPACE**

**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.)

**1/16/06**

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**  
**MGRM  
DEVICO, LYNN A  
1778 SW CABIN PLACE  
PALM CITY, FL 34990**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
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CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**1100001343412  
01/25/06-80016-024 \$0.00**

**DO NOT WRITE  
IN THIS SPACE**

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

**1/16/06**

Date

**772-287-0629  
772-215-5837**

Daytime Phone #