

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053258

FILED  
Jul 19, 2007  
Secretary of State

Entity Name: TRUREALITY, LLC

## Current Principal Place of Business:

BEACH HOUSE #31  
SOUTH SEAS RESORT  
CAPTIVA, FL 33924 US

## New Principal Place of Business:

## Current Mailing Address:

BEACH HOUSE #31  
SOUTH SEAS RESORT  
CAPTIVA, FL 33924 US

## New Mailing Address:

FEI Number: 20-1398866      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

TRUDEL, NORMAN  
SOUTH SEAS RESORT  
BEACH HOUSE #31  
CAPTIVA, FL 33924 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: TRUDEL, MICHAEL A  
Address: C/O GMI P.O. BOX 701  
City-St-Zip: VALLEY FORGE, PA 19482 US

Title: MGRM ( ) Delete  
Name: MARTELLUCCI, KAREN  
Address: C/O GMI P.O. BOX 701  
City-St-Zip: VALLEY FORGE, PA 19482 US

Title: MGRM ( ) Delete  
Name: TRUDEL, CARTER J  
Address: C/O GMI P.O. BOX 701  
City-St-Zip: VALLEY FORGE, PA 19482 US

Title: MGRM ( ) Delete  
Name: TRUDEL, MARK N  
Address: C/O GMI P.O. BOX 701  
City-St-Zip: VALLEY FORGE, PA 19482 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHAEL TRUDEL

MGR

07/19/2007

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