2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

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Entity Name: PASEO REALTY, LLC

Current Principal Place of Business:

9011 DANIELS PKWY
FORT MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

9011 DANIELS PKWY
FORT MYERS, FL 33912 US

New Mailing Address:

FEI Number: 80-0117689 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOODLETTE, COLEMAN & JOHNSON, P.A.
4001 TAMIAMI TRAIL NORTH
SUITE 300
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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: MGR ( ) Delete
Name: STOCK, BRIAN K
Address: 4501 TAMIAMI TRAIL NORTH, STE 300
City-St-Zip: NAPLES, FL 34103

Title: P ( ) Delete
Name: STEGEMANN, GLEN
Address: 4501 TAMIAMI TRAIL NORTH, SUITE 300
City-St-Zip: NAPLES, FL 34103

Title: V ( ) Delete
Name: BLACK, BRAD
Address: 4501 TAMIAMI TRAIL NORTH, SUITE 300
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES:

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

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

Title: V (X) Change ( ) Addition
Name: IMIG, ROBERT M
Address: 4501 TAMIAMI TRAIL NORTH, SUITE 300
City-St-Zip: NAPLES, FL 34103

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: BRIAN K. STOCK MGR 04/30/2007

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