

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065150

Entity Name: REALLY FLORIDA, LLC

FILED
Jan 29, 2008
Secretary of State

Current Principal Place of Business:

1207 CLEAR CREEK CIR
WOODRIDGE
CLERMONT, FL 34711

New Principal Place of Business:

1207 CLEAR CREEK CIR
WOODRIDGE
CLERMONT, FL 34714

Current Mailing Address:

4580 BARRISTER DR.
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 33-1100084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMMONDS, MARK
1207 CLEAR CREEK CIRCLE
CLERMONT, FL 34714 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: MGRM () Delete
Name: READ, JEFFREY MR
Address: 4580 BARRISTER DRIVE
City-St-Zip: CLERMONT, FL 34711 US

Title: MGRM () Delete
Name: READ, WENDY MRS
Address: 4580 BARRISTER DRIVE
City-St-Zip: CLERMONT, FL 34711 US

Title: MGRM () Delete
Name: SIMMONDS, MARK J MR
Address: 1207 CLEAR CREEK CIRCLE
City-St-Zip: CLERMONT, FL 34714 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:

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: WENDY READ

MGRM

01/29/2008

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