

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000071592

Entity Name: REAL PARTNERS, LLC

FILED
Apr 20, 2006
Secretary of State

Current Principal Place of Business:

3495 FIFTH AVENUE NORTH
ST. PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

3495 FIFTH AVENUE NORTH
ST. PETERSBURG, FL 33713

New Mailing Address:

FEI Number: 20-1701070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INGALLS, CHESTER W
3495 FIFTH AVENUE NORTH
ST. PETERSBURG, FL 33713 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: SCHMITZ, ROBERT A
Address: 3495 FIFTH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33713

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: SCHMITZ, ROBERT A
Address: 3495 FIFTH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33713

Title: VP () Change (X) Addition
Name: BRADLEY, THOMAS
Address: 3495 FIFTH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

Title: VP () Change (X) Addition
Name: LEE, ROBERT W
Address: 3405 FIFTH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT A. SCHMITZ

P

04/20/2006

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