2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2008
Secretary of State

DOCUMENT# L04000071592

Entity Name: REAL PARTNERS, LLC

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:

842 WEEDON DRIVE NE
ST. PETERSBURG, FL 33702

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:	P	( ) Delete
Name:	SCHMITZ, ROBERT A	
Address:	3495 FIFTH AVENUE NORTH	
City-St-Zip:	ST. PETERSBURG, FL 33713	
Title:	VP	( ) Delete
Name:	BRADLEY, THOMAS	
Address:	3495 FIFTH AVENUE NORTH	
City-St-Zip:	ST. PETERSBURG, FL 33702	
Title:	VP	( ) Delete
Name:	LEE, ROBERT W	
Address:	3405 FIFTH AVENUE NORTH	
City-St-Zip:	ST. PETERSBURG, FL 33702	

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: ROBERT A. SCHMITZ VP 03/20/2008

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