2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000072870

1. Entity Name

CITY-ST-ZIP

LAMÁRCHE REALTY, LLC



Principal Place of Business

Mailing Address

174-A SEMORAN COMMERCE PLACE, SUITE 108 APOPKA, FL 32703 174-A SEMORAN COMMERCE PLACE, SUITE 108 APOPKA, FL 32703

FILED Feb 07, 2007 8:00 am Secretary of State

02-07-2007 90113 026 ****50.00

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DO NOT WRITE IN THIS SPACE

01292007 No Chg-LLC

CR2E083 (11/05)

4, FEI Number		Applied For
20-1739051	į	Not Applicable
5. Certificate of Status Desired		0 Additional Required

6. Name and Address of Current Registered Agent

HARBERT, RONALD A ESQ. MATEER & HARBERT, P.A. 225 EAST ROBINSON STREET, SUITE 600 ORLANDO, FL 32801 DO NOT WRITE IN THIS SPACE

SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE			
F	Filing Fee is \$50.00 Due by May 1, 2007					
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLACK, MICHAEL G 174-A SEMORAN COMMERCE PLACE, SUITE 108 APOPKA, FL 32703					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT	WRITE			
TITLE NAME STREET ADDRESS CITY-SI-ZIP		IN THIS	SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

 1-29-07

4079201446

Date

Daytime Phone #