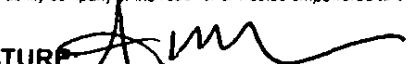


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/4

FILED
Jun 06, 2006 8:00 am
Secretary of State

05-04-2006 90029 029 ****50.00

DOCUMENT # L04000078997					
1. Entity Name REALVEST JACKSONVILLE, LLC					
Principal Place of Business 2200 LUCIEN WAY, SUITE 350 MAITLAND, FL 32751			Mailing Address 2200 LUCIEN WAY, SUITE 350 MAITLAND, FL 32751		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1908645	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent POHL, FRANK L ESQUIRE 280 WEST CANTON AVENUE, SUITE 410 WINTER PARK, FL 32790				7. Name and Address of New Registered Agent Name: <u>George D. Livingston</u> Street Address (P.O. Box Number is Not Acceptable): <u>2200 Lucien Way Ste 350</u> City: <u>Maitland</u> FL <u>32751</u>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: <u>6/1/06</u>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REALVEST HOLDINGS, LLC 2200 LUCIEN WAY, SUITE 350 MAITLAND, FL 32751 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEVELEFF, STEPHAN 2200 LUCIEN WAY, SUITE 350 MAITLAND, FL 32751 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Stephan Neveleff</u> ☒ Change ☐ Addition <u>2200 Lucien Way Ste 350</u> <u>Maitland, FL 32751</u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LIVINGSTON, GEORGE 2200 LUCIEN WAY, SUITE 350 MAITLAND, FL 32751 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TURNER, HENRY B 2200 LUCIEN WAY, SUITE 350 MAITLAND, FL 32751 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>John Smith</u> ☐ Change ☒ Addition <u>2200 Lucien Way Ste 350</u> <u>Maitland, FL 32751</u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>John Smith</u> ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 		Date: <u>4/26/06</u> <u>407-875-9989</u>			