

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90018 005 ****50.00

20047696



DOCUMENT # L04000084182 1. Entity Name UNREAL LLC			
Principal Place of Business 12668 TEMPLE BLVD. WEST PALM BEACH, FL 33412		Mailing Address 12668 TEMPLE BLVD. WEST PALM BEACH, FL 33412	
2. Principal Place of Business 4047 Okeechobee Blvd.		3. Mailing Address 	
Suite, Apt. #, etc. Suite 206		Suite, Apt. #, etc. 	
City & State West Palm Beach, FL		City & State 	
Zip 33409		Country 	
Country Palm Beach		Zip 	
4. FEI Number 20-2507497		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KLEMM, BONNIE 12668 TEMPLE BLVD. WEST PALM BEACH, FL 33412		7. Name and Address of New Registered Agent Name Klemm, Bonnie Street Address (P.O. Box Number is Not Acceptable) 4047 Okeechobee Blvd suite 206 City West Palm Beach FL Zip Code 33409	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KLEMM, BONNIE 12668 TEMPLE BLVD. WEST PALM BEACH, FL 33412 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mGRm Klemm Bonnie 12668 Temple Blvd 4047 Okeechobee Blvd West Palm Beach, FL 33412 33409 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Bonnie Klemm</u> managing member		4/13/05 (561) 687-0987	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	