

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000086842**

1. Entity Name  
**REAL ENTERPRISES, LLC**



Principal Place of Business

**1455 WEST NEWPORT CENTER DRIVE  
DEERFIELD BEACH, FL 33342**

Mailing Address

**1455 WEST NEWPORT CENTER DRIVE  
DEERFIELD BEACH, FL 33342**



01092006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**41-2156368**

Applied For  
Not Applicable

5. Certificate of Status Desired **X** **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SULTAN, EDDIE E  
1455 WEST NEWPORT CENTER DRIVE  
DEERFIELD BEACH, FL 33342**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SULTAN, EDDIE E  
16632 GREENS EDGE CIR. (VILLA 70)  
WESTON, FL 333262608**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
DEZENZO, LAWRENCE M  
7601 NW 39TH AVE.  
COCONUT CREEK, FL 33073**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SIMONSON, BRUCE J  
66 LITTLE HARBOR WAY  
DEERFIELD BEACH, FL 33441**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
STEPHENS, MICHAEL C  
2 INDIO TERRACE  
LAKE WORTH, FL 33460**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**DO NOT WRITE  
IN THIS SPACE**

**100000389452  
01/20/06-80047-018 55.00**

*Eddie E. Sultan, Managing Member* Jan. 9, 2006 954-246-1787