

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90208 013 \*\*\*\*50.00

<b>DOCUMENT # L04000091920</b>					
<b>1. Entity Name</b> IMAGIN-ASIA REAL ESTATE DEVELOPMENT GROUP, LLC					
<b>Principal Place of Business</b> 114 SE 1ST STREET SUITE 6 GAINESVILLE, FL 32601			<b>Mailing Address</b> 114 SE 1ST STREET SUITE 6 GAINESVILLE, FL 32601		
<b>2. Principal Place of Business - No P.O. Box #</b> 114 SE 1st Street Suite, Apt. #, etc. Suite 2 City & State Gainesville, FL Zip 32601		<b>3. Mailing Address</b> 114 SE 1st Street Suite, Apt. #, etc. Suite 2 City & State Gainesville, FL Zip 32601			
Country U.S.A		Country U.S.A		<b>4. FEI Number</b> 20-2652014	
<b>6. Name and Address of Current Registered Agent</b> YEI, MAYWA 3319 FOX HILL DR CLEARWATER, FL 34621				<b>7. Name and Address of New Registered Agent</b> Name J.J. Luckey & Co. Street Address (P.O. Box Number is Not Acceptable) 4045 NW 43rd Street Suite A City Gainesville FL Zip Code 32609	
<b>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.</b>					
SIGNATURE				DATE 1/3/07	
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KIM, SONG Y 2636 SW 35TH PLACE, UNITE 20 GAINESVILLE, FL 32608	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEUNG, HIROFUMI 1534 NW 54TH DRIVE GAINESVILLE, FL 32605	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	
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	
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	
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	
<b>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.</b>					
SIGNATURE:				DATE 1/3/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				DAYTIME PHONE # 352-871-7653	