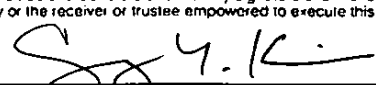


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Mar 03, 2008 8:00 am
Secretary of State

01-23-2008 90021 025 ***138.75

DOCUMENT # L04000091920					
1. Entity Name IMAGIN-ASIA REAL ESTATE DEVELOPMENT GROUP, LLC					
Principal Place of Business 114 SE 1ST STREET SUITE 2 GAINESVILLE, FL 32601			Mailing Address 114 SE 1ST STREET SUITE 2 GAINESVILLE, FL 32601		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2652014	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent J.J. LUCKEY & CO. 4045 NW 43RD STREET SUITE A GAINESVILLE, FL 32606			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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's signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KIM, SONG Y 2638 SW 35TH PLACE, UNIT 20 GAINESVILLE, FL 32608	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KIM, SONG Y. 2638 SW 35TH PLACE, UNIT 20 GAINESVILLE, FL 32608	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LEUNG, HIROFUMI 1534 NW 54TH DRIVE GAINESVILLE, FL 32605	☐ 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ 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
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: 02/29/08 (352) 371-7500		
SIGNATURE AND TYPE, OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		