


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90045 030 \*\*\*\*50.00

DOCUMENT # L05000009733					
1. Entity Name LAA REALTY, LLC					
Principal Place of Business 875 102ND AVE N NAPLES, FL 34108			Mailing Address 875 102ND AVE N NAPLES, FL 34108		
2. Principal Place of Business <i>26721 DUBLIN WOODS CR</i>		3. Mailing Address <i>26721 DUBLIN WOODS, CIRCLE</i>			
Suite, Apt. #, etc. <i>SUITE # 1</i>		Suite, Apt. #, etc. <i>SUITE # 1</i>			
City & State <i>BONITA SPRINGS, FLORIDA</i>		City & State <i>BONITA SPRINGS, FLORIDA</i>			
Zip <i>34135</i>		Country <i>USA</i>		Zip <i>34135</i>	
Country <i>USA</i>		4. FEI Number <i>73-1726829</i>			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  MANLEY, MICHAEL S 875 102ND AVE N NAPLES, FL 34108			7. Name and Address of New Registered Agent Name <i>MICHAEL A. MANLEY</i> Street Address (P.O. Box Number is Not Acceptable) <i>26721 DUBLIN WOODS CIRCLE, SUITE # 1</i> <i>BONITA SPRINGS, FL</i> Zip Code <i>34135</i>		
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 <i>[Signature]</i> DATE <i>3/30/06</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
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 AVERBACK, LAINE 103 EASTERN AVE LYNN, MA 01902	<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
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
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: <i>Laine Averbach</i>				Date <i>4/9/06</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					