## **2007 LIMITED LIABILITY COMPANY**

## ANNUAL REPORT

## DOCUMENT # L05000010257

1. Entity Name
THE CORPORATE REALTY GROUP, LLC



**FILED** 

Apr 19, 2007 8:00 am Secretary of State 04-19-2007 90037 026 \*\*\*\*50.00

					200					
Principal Place	e of Business		Mailing Address			] 4U	10401			
5664 MARQUESAS CIRCLE			5664 MARQUESAS CIRCLE							
SARASOTA, FL 34233			SARASOTA, FL 34233				•			
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2. Principal P	lace of Business	- No P.O. Box #	3. Mailing Address			<u> </u>				
						1 7541111	** 22(8) 27(1) 30(1) 2011 0011		114 11661 61141 16	4001
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03272007	Chg-LLC	CR2E0	83 (12/06)	
City & State			City & State			4. FEI Numb	oer		A	pplied For
						20-225	59742		N	ot Applicable
Zip Country		Zip	Zip Country		5. Certificate	e of Status Desired		\$5.00 Ad		
									Fee Require	∌d
	6. Name and	Address of Current	Registered Agent		Name	7. Name and	d Address of New R	egistered A	Agent	
GREENWE	ELL, ANDREV	N								
5664 MARQUESAS CIRCLE			Street Address			(P.O. Box Numb	oer is Not Acceptable	<del>?</del> )		
SARASOT	A, FL 34233									
		•							<del></del>	
				City			FL	Zip Cod	ie	
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 obligat	ions of registered	l agent.								
SIGNATURE Signature, typed or printed name of registered agent and bitle if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE										
	Signature, typed or pri	nted name of registered agent a	and title if applicable. (NOT	E, Registere	d Agent signature require	ed when reinstating)		DATE		
<b>.</b>	F i. #	E0 00					Mak	e check p	avable to	
Filing Fee is \$50.00 Due by May 1, 2007									ent of Stat	te
9	140514	MANAGING MEMBE		10.			ADDITIONS	CHANGES		
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CITY-ST-ZIP	5664 MARQUESAS CIRCLE SARASOTA, FL 34233				-ST-ZIP					
TITLE	MGRM		☐ Delete	TITLE					☐ Change	☐ Addition
NAME	GREENWELL, ANDREW			NAME						
STREET ADDRESS	5664 MARQU	JESAS CIRCLE	STRE		ET ADDRESS					
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11 Lboroby	aartifu that the inf	armatica augaliad with	this filing does not suglify to	r the eve		d in Chartes 110	□ □nsido Ctatudos 16	wthor cortif	, that the inf	ormation

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 the limited liability company or the receiver or the limited liability company or the receiver or the latest proposed to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Clux
SIGNATURE AND PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #