

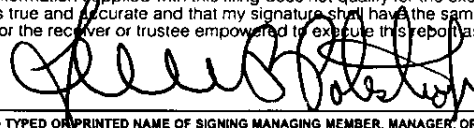


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90066 025 \*\*\*138.75

<b>DOCUMENT # L05000010937</b>					
<b>1. Entity Name</b> ST. CROIX REALTY, LLC					
<b>Principal Place of Business</b> 7995 PRESERVE CIRCLE NAPLES, FL 34119			<b>Mailing Address</b> 7995 PRESERVE CIRCLE NAPLES, FL 34119		
<b>2. Principal Place of Business - No P.O. Box #</b> 2235 Venetian Ct. Suite, Apt. #, etc. #3 City & State Naples, FL Zip 34109 Country USA		<b>3. Mailing Address</b> 2235 Venetian Ct. Suite, Apt. #, etc. #3 City & State Naples, FL Zip 34109 Country USA			
03282008    Chg-LLC    CR2E083 (12/06)		<b>4. FEI Number</b> 20-2312613		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required				<b>6. Name and Address of Current Registered Agent</b> CONROY, J. THOMAS III 2210 VANDERBILT BEACH ROAD, STE 1201 NAPLES, FL 34109	
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code				<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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONROY, J. THOMAS III 2640 GOLDEN GATE PARKWAY, SUITE 115 NAPLES, FL 34105	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Conroy, J. Thomas III 2210 Vanderbilt Beach Rd, Ste 1201 Naples, FL 34109	<input checked="" 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
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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>					
<b>SIGNATURE:</b>  <b>FRANK POTESIO, JR.</b> 4-7-08    239-593-9641					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #</small>					