


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

|  |                     |  |                |  |  |  |  |
|--|---------------------|--|----------------|--|--|--|--|
| <b>DOCUMENT # L05000013852</b><br>1. Entity Name<br><b>REAL HOMESTEAD LLC</b>  |                     |  |                |   |  | <b>FILED</b><br><b>06 JAN -3 PM 1:06</b><br><b>SECRETARY OF STATE</b><br><b>TALLAHASSEE, FLORIDA</b> |  |
| Principal Place of Business<br><b>860 OAK PARK ROAD</b><br><b>SOPCHOPPY, FL 32358</b>  |                     |  |                | Mailing Address<br><b>860 OAK PARK ROAD</b><br><b>SOPCHOPPY, FL 32358</b>  |  |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |                     |  |                | 3. Mailing Address<br>Suite, Apt. #, etc.  |  |  |  |
| City & State   |                     |  |                | City & State   |  |  |  |
| Zip  |                     | Country                                    |                | Zip  |  | Country  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DIXON, LYNN S</b><br><b>860 OAK PARK ROAD</b><br><b>SOPCHOPPY, FL 32358</b>  |                     |  |                | 7. Name and Address of New Registered Agent<br>Name <b>Samuel W. Simmons</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>860 Oak Park Road</b><br>City <b>Sopchoppy</b> <b>FL</b> Zip Code <b>32358</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.<br>SIGNATURE <u>Samuel W. Simmons</u> <span style="float: right;">1/3/05</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                          |                     |  |                |  |  |  |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2006</b>  |                     |  |                | <b>Make check payable to</b><br><b>Florida Department of State</b>   |  |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |                     |  |                | <b>10. ADDITIONS/CHANGES</b>   |  |  |  |
| TITLE  | MGRM                | <input checked="" type="checkbox"/> Delete | TITLE          | Archie Chadwell  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |  |
| NAME   | DIXON, LYNN S       |  | NAME           | 541 Otter Creek Rd   |  |  |  |
| STREET ADDRESS   | 860 OAK PARK ROAD   |  | STREET ADDRESS | Sopchoppy FL 32358   |  |  |  |
| CITY-ST-ZIP  | SOPCHOPPY, FL 32358 |  | CITY-ST-ZIP    | Sopchoppy FL 32358   |  |  |  |
| TITLE  | MGRM                | <input checked="" type="checkbox"/> Delete | TITLE          | MARK CHADWELL  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |  |
| NAME   | SIMMONS, SAMUEL W   |  | NAME           | 541 Otter Creek Road   |  |  |  |
| STREET ADDRESS   | 860 OAK PARK ROAD   |  | STREET ADDRESS | Sopchoppy FL 32358   |  |  |  |
| CITY-ST-ZIP  | SOPCHOPPY, FL 32358 |  | CITY-ST-ZIP    | Sopchoppy FL 32358   |  |  |  |
| TITLE  |                     | <input type="checkbox"/> Delete            | TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME   |                     |  | NAME           |  |  |  |  |
| STREET ADDRESS   |                     |  | STREET ADDRESS |  |  |  |  |
| CITY-ST-ZIP  |                     |  | CITY-ST-ZIP    |  |  |  |  |
| TITLE  |                     | <input type="checkbox"/> Delete            | TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME   |                     |  | NAME           |  |  |  |  |
| STREET ADDRESS   |                     |  | STREET ADDRESS |  |  |  |  |
| CITY-ST-ZIP  |                     |  | CITY-ST-ZIP    |  |  |  |  |
| TITLE  |                     | <input type="checkbox"/> Delete            | TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME   |                     |  | NAME           |  |  |  |  |
| STREET ADDRESS   |                     |  | STREET ADDRESS |  |  |  |  |
| CITY-ST-ZIP  |                     |  | CITY-ST-ZIP    |  |  |  |  |
| 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: <u>Samuel W. Simmons</u> <span style="float: right;">1-3-05 850-586516</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>  |                     |  |                |  |  |  |  |