


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L05000021506</b><br>1. Entity Name<br><b>CALIFORNIA REALTY, LLC</b> |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>3300 UNIVERSITY BOULEVARD, SUITE 218<br/>WINTER PARK, FL 32792</b> | Mailing Address<br><b>3300 UNIVERSITY BOULEVARD, SUITE 218<br/>WINTER PARK, FL 32792</b> |
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02122008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

|               |                |
|---------------|----------------|
| 4. FEI Number | Applied For    |
|               | Not Applicable |

|                                  |   |
|----------------------------------|---|
| 5. Certificate of Status Desired | <input type="checkbox"/> \$5.00 Additional Fee Required |
|----------------------------------|---|

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| <b>6. Name and Address of Current Registered Agent</b><br><br><b>HECKIN, JAMES F JR.<br/>215 NORTH EOLA DRIVE<br/>ORLANDO, FL 32801</b> |
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| <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>HEAVENER, JAMES W<br>3300 UNIVERSITY BLVD 218<br>WINTER PARK, FL 32792 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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| <p>U00000851363<br/>03/25/08-80036-018 138.75</p> <p><b>DO NOT WRITE<br/>IN THIS SPACE</b></p> |
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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:** James W Heavener 3/5/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #