2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT						FILED			
1. Entity Nam	MENT # L05000022 REALTY, LLC	2295					06 MAR -2	PH 2: 48	
						5 T <i>t</i>	ECKE I A. : I ILLAHASSE	STATE	
Principal Plac 3505 OCEAN		Mailing Address 3505 OCEAN DRIVE			Ì			c, FLURIU,	
VERO BEACH, FL 32963		VERO BEACH, FL 32963			F P 8 T 0 0 0 2				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc		Suite, Apr. #, etc.		01102006	Chg-LLC	CR2E083 (11	(05)		
City & State	9	City & State			4. FEI Number	2594	835	Applied For Not Applicable	
Ziρ	Country Zip C		Count	ry	5. Certificate o	Status Desired	□ \$5.00 Fee Re	Additional quired	
	6. Name and Address of Current	Registered Agent	-	Name	7. Name and /	ddress of New R	legistered Agent		
	JR., JOHN . E AN DRIVE				P.O. Box Number is Not Acceptable)				
VERO BEA	ACH, FL 32963		}					 -	
			City				FL Zip	Code	
	named entity submits this statement to	or the purpose of changing its	registere	d office or register	red agent, or both	, in the State of Flo	onda. Lam tamiliar	with, and accept	
SIGNATURE .	Skirokine hipped or printed is anne of registrated agent	and little of anomicative INCIX	F Recistered	Agent signature nimures	t when (unstation)		DATE		
								•	
	ling Fee is \$50.00 ue by May 1, 2006						e check payable a Department of		
9.	MANAGING MEMBI	ERS/MANAGERS	10.			ADDITIONS	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MURRAY, E. O'BRIEN 3505 OCEAN DRIVE VERO BEACH, FL 32963	C Delete		- 1			☐ Ch	sage 🗋 Addition	
RILE		☐ Delete	ULE				Ch	ange Addition	
NAME STREET ADDRESS CITY ST-ZIP				ET ADORESS ST ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		ļ.			☐ Cit	ange 🔲 Addilion	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					Ch	ange 🗍 Addition	
TITLE HAME STREET ADDRESS CITY-ST-ZIP		□ Dateie		L.			□ Ch	ange 🔲 Auklilion	
STREET ADDRESS CITY-ST-ZIP		☐ Defeie	TITLE NAMI STRE				□ Ch	ange 🔲 Addition	
11. I hereby indicated limited lia	certify that the information supplied will on this report is true and accurate policity company or the receiver or truffer.	d that my sonature shall have be προφέτει d to execute this	e the same s report as	e legal effect as it to required by Chap	made under dam, oter 608, Florida S	Rorida Statutes, I f that I am a mana latutes.	ging memoer or ma	anager or me	
	SIGNATURE AND TYPED OR THENTED NAME	OF SIGNING HANAGING MEMBER, NJ	ANAGER, OR	AUTHORIZED REPRES	ENTATIVE	Pate	Daverne to	rore #	