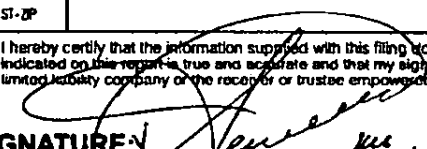


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

04-17-2006 90056 046 ****50.00

DOCUMENT # L05000023322					
1. Entity Name DISTINCT REALTY, LLC					
Principal Place of Business 601 N CONGRESS AVE 431 DELRAY BEACH, FL 33445 US			Mailing Address 601 N CONGRESS AVE 431 DELRAY BEACH, FL 33445 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COURCHENE, GILLES L JR 601 N CONGRESS AVE 431 DELRAY BEACH, FL 33445			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
4. FEI Number 20-2977852 ☐ Applied For Not Applicable					
6. 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 Agents signature required when renewing) DATE _____					
Filing Fee is \$90.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COURCHENE, GILLES L SR. 601 N CONGRESS AVE SUITE 431 DELRAY BEACH, FL 33445 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COURCHENE, GILLES L JR. 601 N CONGRESS AVE SUITE 431 DELRAY BEACH, FL 33445 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: 			4/12/06 561-483-4799		
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					