


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90043 001 ****50.00

DOCUMENT # L05000025100	
1. Entity Name NEW STREET REALTY, LLC	

Principal Place of Business 1718 DOGWOOD FOREST WAY LAKE MARY FL 32746	Mailing Address 1718 DOGWOOD FOREST WAY LAKE MARY FL 32746
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2. Principal Place of Business 1049 Willaspings Dr Suite, Apt. #, etc. #1021 City & State Winter Springs FL Zip 32708 Country USA	3. Mailing Address 1049 Willaspings Dr Suite, Apt. #, etc. #1021 City & State Winter Springs Zip 32708 Country USA
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1st MOORE CR2E083 (10/05)

4. FEI Number 11-3754340		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent KATKER, JOHN B 1718 DOGWOOD FOREST WAY LAKE MARY FL 32746		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code


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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KATKER, JOHN B 1718 DOGWOOD FOREST WAY LAKE MARY FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **4074784840**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #