

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90145 005 ****55.00

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1. Entity Name

IMAGINATION REALTY LLC

Principal Place of Business
**1243 AQUILA LOOP
CELEBRATION FL 34747
US**

Mailing Address
**1243 AQUILA LOOP
CELEBRATION FL 34747
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

14-1927-509

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OLIVER, LEWIS M III
20751 SR 520
SUITE 102
ORLANDO FL 32833**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
CARLSON, KATHLEEN S
1243 AQUILA LOOP
CELEBRATION FL 34747** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR M
BRUCE A. CARLSON
1243 Aquila Loop
Celebration, FL 34747** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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☐ Change ☐ Addition

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:

Bruce A. Carlson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/3/06

407 361 3337

Date

Daytime Phone #