

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000026076

FILED
Mar 27, 2006
Secretary of State**Entity Name:** IMAGINATION REALTY LLC**Current Principal Place of Business:**1243 AQUILA LOOP
CELEBRATION, FL 34747 US**New Principal Place of Business:**617 CELEBRATION AVENUE
CELEBRATION, FL 34747 US**Current Mailing Address:**1243 AQUILA LOOP
CELEBRATION, FL 34747 US**New Mailing Address:**617 CELEBRATION AVENUE
CELEBRATION, FL 34747 US**FEI Number:** 14-1927509**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**OLIVER, LEWIS M III
20751 SR 520
SUITE 102
ORLANDO, FL 32833 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGR () Delete
Name: CARLSON, KATHLEEN S
Address: 1243 AQUILA LOOP
City-St-Zip: CELEBRATION, FL 34747 US**Title:** MGRM (X) Delete
Name: CARLSON, BRUCE A
Address: 1243 AQUILA LOOP
City-St-Zip: CELEBRATION, FL 34747**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KATHLEEN S. CARLSON

MGR

03/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date