

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90153 004 ****50.00

DOCUMENT # L05000033594	
1. Entity Name BANYAN REALTY MANAGEMENT, LLC	

Principal Place of Business 501 N. MAGNOLIA AVENUE, SUITE 100 ORLANDO, FL 32801	Mailing Address 1665 PALM BCH LK BLVD WEST PALM BEACH, FL 33401
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2. Principal Place of Business - No P.O. Box # 101 MENDHAM BLVD	3. Mailing Address 101 MENDHAM BLVD
Suite, Apt. #, etc. SUITE 201	Suite, Apt. #, etc. SUITE 201
City & State ORLANDO FL	City & State ORLANDO FL
Zip 32825	Country USA

01262007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2703269	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHEINBLUM, MARK D 450 S. ORANGE AVENUE, SUITE 800 ORLANDO, FL 32801	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VOGT, LOUIS E 501 N. MAGNOLIA AVENUE, SUITE 100 ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VOGT, LOUIS E. 101 MENDHAM BLVD SUITE 201 ORLANDO FL 32825 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ZIMMERMAN, SCOTT 501 N. MAGNOLIA AVENUE, SUITE 100 ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ZIMMERMAN, SCOTT 101 MENDHAM BLVD SUITE 201 ORLANDO FL 32825 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ALEX, KATHLEEN 1665 PALM BEACH LAKES BLVD., #400 WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MILES, KEITH P.O. BOX 887 PROVIDENCIALES, TURKS & CAIC, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **By: Louis E. VOGT, MGR** DATE: **02-09-07 401-377-0600**