


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90218 004 ****50.00

DOCUMENT # L05000047799			
1. Entity Name ALLSTATE REALTY, L.L.C.			
Principal Place of Business 3625 DEL PRADO BLVD. CAPE CORAL, FL 33904		Mailing Address 3625 DEL PRADO BLVD. CAPE CORAL, FL 33904	
2. Principal Place of Business 3013 Del Prado Blvd. Suite, Apt. #, etc. Suite #12 City & State Cape, FL Zip 33904 Country Lee		3. Mailing Address 3013 Del Prado Blvd. Suite, Apt. #, etc. Suite #12 City & State Cape Coral, FL Zip 33904 Country Lee	

60060555



03162006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3451489 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GENNARO, MICHAEL A 4635 DEL PRADO BLVD. CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name Donna Stout Street Address (P.O. Box Number is Not Acceptable) 3013 Del Prado Blvd. Suite #12 City Cape Coral FL Zip Code 33904	
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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 *Donna Stout*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/21/06
DATE

**Filing Fee is \$50.00
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 FLORIDA OWNERS INVESTMENT TRUST 3625 DEL PRADO BLVD. CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER Donna Stout 3013 Del Prado Blvd #12 Cape Coral, FL, 33904 <input checked="" 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
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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 *Donna Stout* Managing Member 3/21/06 239-945-3945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #