

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000056884

**FILED**  
**Mar 20, 2007**  
**Secretary of State**

**Entity Name:** HRADEK REALTY LLC

**Current Principal Place of Business:**

141 W 9TH STREET  
JACKSONVILLE, FL 32206 US

**New Principal Place of Business:**

2720 PARK  
OFFICE 216  
JACKSONVILLE, FL 32205 US

**Current Mailing Address:**

141 W 9TH STREET  
JACKSONVILLE, FL 32206 US

**New Mailing Address:**

2720 PARK  
OFFICE 216  
JACKSONVILLE, FL 32205 US

**FEI Number:** 20-2965842

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HRADEK, DALIBOR I  
141 W 9TH STREET  
JACKSONVILLE, FL 32206 US

**Name and Address of New Registered Agent:**

HRADEK, DALIBOR I  
1901 1ST STREET NORTH  
1702  
JACKSONVILLE BEACH, FL 32250 US

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:** DALIBOR HRADEK

03/20/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** HRADEK, DALIBOR I  
**Address:** 141 W 9TH STREET  
**City-St-Zip:** JACKSONVILLE, FL 32206 US

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** HRADEK, DALIBOR I  
**Address:** 1901 1ST STREET NORTH, UNIT 1702  
**City-St-Zip:** JACKSONVILLE BEACH, FL 32250 US

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:** DALIBOR HRADEK

CEO

03/20/2007

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