


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 30, 2006 8:00 am
Secretary of State

05-01-2006 90062 008 ****50.00

DOCUMENT # L05000073818			
1. Entity Name REALM INVESTMENTS, LLC			
Principal Place of Business 222 REID AVENUE PORT ST. JOE, FL 32456		Mailing Address 222 REID AVENUE PORT ST. JOE, FL 32456	
2. Principal Place of Business		3. Mailing Address P.O. Box 622	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Port St Joe FL	
Zip	Country	Zip	Country
32457		32457	
4. FEI Number 20-3244479		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TRAWICK WRIGHT, MICHELE 214 E. BALDWIN RD. UNIT F PANAMA CITY, FL		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 131 Bridgeport Lane City Port St Joe FL Zip Code 32456	
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 <i>Michele Trawick Wright</i> Signature, typed or printed name of registered agent and fee if applicable.		Michele Trawick Wright (NOTE: Registered Agent signature required when reinstating.) 4/28/06 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 DUPLICATOR'S WAREHOUSE 230 REID AVENUE PORT ST. JOE, FL 32456 <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	MGR ABOVE PAR, INC. 8230 HIGHWAY 98 PORT ST. JOE, FL 32456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 225 Reid Avenue Port St Joe, FL 32456
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
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: <i>Michele Trawick Wright</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Michele Trawick Wright 4/28/06 850-229-9199 Date Daytime Phone #	

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