

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000073818

1. Entity Name
REALM INVESTMENTS, LLC



Principal Place of Business
**222 REID AVENUE
PORT ST. JOE, FL 32456**

Mailing Address
**P.O. BOX 622
PORT SAINT JOE, FL 32457**

DO NOT WRITE IN THIS SPACE



04132007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-3244479

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TRAWICK WRIGHT, MICHELE
131 BRIDGEPORT LANE
PORT SAINT JOE, FL 32456**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUPLICATOR'S WAREHOUSE 230 REID AVENUE PORT ST. JOE, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABOVE PAR, INC. 225 REID AVENUE PORT SAINT JOE, FL 32456
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05/18/07-80094-006 50.00

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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: Michele T Wright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4 30 07

Date

850-229-9199

Daytime Phone #