

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90071 012 ****50.00

DOCUMENT # L050000742451. Entity Name
REALTOR2-DR LLC

Principal Place of Business

**21656 JUEGO CIRCLE, APT. 23-B
BOCA RATON, FL 33433**

Mailing Address

**21656 JUEGO CIRCLE, APT. 23-B
BOCA RATON, FL 33433**

2. Principal Place of Business

3. Mailing Address

Suite Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-3262391

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**ROTH, IRVING
21656 JUEGO CIRCLE, APT. 23-B
BOCA RATON, FL 33433**

7. Name and Address of New Registered Agent

Name

Street Address (P O Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006****Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	ROTH, IRVING	
STREET ADDRESS	21656 JUEGO CIRCLE, APT. 23-B	
CITY- ST- ZIP	BOCA RATON, FL 33433	

TITLE	MGRM	☐ Delete
NAME	LUTZKY, JAYSON	
STREET ADDRESS	21656 JUEGO CIRCLE, APT. 23-B	
CITY- ST- ZIP	BOCA RATON, FL 33433	

TITLE	MGRM	☐ Delete
NAME	SMITH, DANIEL J	
STREET ADDRESS	21656 JUEGO CIRCLE, APT. 23-B	
CITY- ST- ZIP	BOCA RATON, FL 33433	

TITLE	MGRM	☐ Delete
NAME	GHOSH, HITON	
STREET ADDRESS	21656 JUEGO CIRCLE, APT. 23-B	
CITY- ST- ZIP	BOCA RATON, FL 33433	

TITLE	MGRM	☐ Delete
NAME	MANSONSON, NINA	
STREET ADDRESS	21656 JUEGO CIRCLE, APT. 23-B	
CITY- ST- ZIP	BOCA RATON, FL 33433	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY- ST- ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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:

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

Date

Daytime Phone #

✓ 4/28/06