

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90343 040 \*\*\*\*50.00

**DOCUMENT # L05000076031**

1. Entity Name  
J.D. CHRISMAN REALTY ADVISORS, LLC



Principal Place of Business  
3600 SOUTH CONGRESS AVE.  
SUITE D  
BOYNTON BEACH, FL 33426

Mailing Address  
3600 SOUTH CONGRESS AVE.  
SUITE D  
BOYNTON BEACH, FL 33426



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-3330823

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

KRAMER, WILLIAM S  
2255 GLADES ROAD SUITE 411-E  
GREENSPOON MARDER HIRSCHFELD RAFKIN  
BOCA RATON, FL 33431

## 7. Name and Address of New Registered Agent

Name Dennis Lee c/o Apogee  
Street Address (P.O. Box Number is Not Acceptable)  
3600 S. Congress Ave. Ste D  
City Boynton Beach FL Zip Code 33426

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] (NOTE: Registered Agent signature required when reinstating) DATE

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

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

## 9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	STALEY, JEFF W	
STREET ADDRESS	777 EAST ATLANTIC AVE, SUITE C2-276	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LEE, DENNIS D	
STREET ADDRESS	777 EAST ATLANTIC AVE, SUITE C2-276	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GLATZ, CHRISTOPHER T	
STREET ADDRESS	777 EAST ATLANTIC AVE, SUITE C2-276	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 #