

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000076788

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** REALAVEST LLC

**Current Principal Place of Business:**

505 WEKIVA SPRINGS ROAD  
SUITE 800  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

**Current Mailing Address:**

505 WEKIVA SPRINGS ROAD  
SUITE 800  
LONGWOOD, FL 32779 US

**New Mailing Address:**

**FEI Number:** 02-0751736

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BELL, THOMAS H  
505 WEKIVA SPRINGS ROAD  
SUITE 800  
LONGWOOD, FL 32779 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** BELL, THOMAS H  
**Address:** 505 WEKIVA SPRINGS ROAD SUITE 800  
**City-St-Zip:** LONGWOOD, FL 32779 US

**Title:** MGR  
**Name:** DAVIS, DANIEL E  
**Address:** 505 WEKIVA SPRINGS RD SUITE 200  
**City-St-Zip:** LONGWOOD, FL 32779 US

I hereby 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:** THOMAS H BELL

MGR

03/15/2011

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