

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000079136

FILED  
Jun 01, 2006  
Secretary of State

Entity Name: REAL ESTATE CIRCLE, LLC

## Current Principal Place of Business:

10928 AIRVIEW DR.  
TAMPA, FL 33625

## New Principal Place of Business:

11530 DAMPIER CT  
NEW PORT RICHEY, FL 34654

## Current Mailing Address:

PO BOX 272876  
TAMPA, FL 33688

## New Mailing Address:

11530 DAMPIER CT.  
NEW PORT RICHEY, FL 34654

FEI Number: 76-0798310      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

NORTH, LAURA  
11530 DAMPIER CT  
NEW PORT RICHEY, FL 34654      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 ( ) Delete  
Name: NORTH, LAURA  
Address: 11530 DAMPIER CT.  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: MGRM (X) Delete  
Name: NORTH, SUSAN  
Address: 345 BAYSHORE BLVD. #611  
City-St-Zip: TAMPA, FL 33606

Title: MGRM ( ) Delete  
Name: CASS, DAVID  
Address: PO BOX 272876  
City-St-Zip: TAMPA, FL 34688

Title: MGRM ( ) Delete  
Name: O'BRIEN, BERNIE  
Address: 4009 HUDSON LANE  
City-St-Zip: TAMPA, FL 33624

Title: MGRM ( ) Delete  
Name: MATTULL, WILLIAM  
Address: 8812 VENTURE COVE, SUITE B  
City-St-Zip: TAMPA, FL 33637

Title: MGRM ( ) Delete  
Name: JOHNSON, GREG  
Address: 6528 SEAFARER DR  
City-St-Zip: TAMPA, FL 33615

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: LAURA NORTH

MGR

06/01/2006

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