

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-28-2006 90019 033 \*\*\*\*50.00  
FL05000087680

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000087680

1. Entity Name  
INVESTORS REAL ESTATE, LLC



Principal Place of Business

6765 S.W. 39TH COURT  
DAVID, FL 33314

Mailing Address

6765 S.W. 39TH COURT  
DAVID, FL 33314

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

P.S.L.

City & State

FL 34983

Zip

Country

04282006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

55-0904833

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SYDOR  
6765 S.W.  
DAVID

Philip Sydor  
452 NW Dover ct  
P.S.L. FL 34983

7. Name and Address of New Registered Agent

Name

Philip Sydor

Street Address (P.O. Box Number is Not Acceptable)

452 NW Dover ct

City

P.S.L.

FL

Zip Code 34983

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	MGR	<input type="checkbox"/> Delete
NAME	SYDOR, PHILIP M	
STREET ADDRESS	8765 S.W. 39TH COURT	
CITY-ST-ZIP	DAVID, FL 33314	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	452 NW Dover ct	
STREET ADDRESS	P.S.L. - FL 34983	
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
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:

Philip M. Sydor

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

Date

Daytime Phone #