FILED
Jan 17, 2006 8:00 am
Secretary of State
01-17-2006 90056 022 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000088447

1. Entity Name
NEW INVESTMENTS GROUP REALTY, LLC

20000679

Principal Place of Business	Mailing Address
4700 MILLENIA BLVD. SUITE 175 ORLANDO, FL ~~32896~~ 32839	4700 MILLENIA BLVD. SUITE 175 ORLANDO, FL ~~32896~~ 32839

01112006 Chg-LLC CR2E063 (11/05)

2. Principal Place of Business	3. Mailing Address
4700 MILLENIA BLVD.	4700 MILLENIA BLVD.
Suite, Apt. #, etc.: SUITE 175	Suite, Apt. #, etc.: SUITE 175
City & State: ORLANDO, FL	City & State: ORLANDO, FL
Zip: 32839 Country: USA	Zip: 32839 Country: USA

4. FEI Number: 13-4306191 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, MARK
4700 MILLENIA BLVD., SUITE 175
ORLANDO, FL 32896

7. Name and Address of New Registered Agent

Name: DEBBIE MILLER
Street Address (P.O. Box Number is Not Acceptable): 4700 MILLENIA BLVD.
SUITE 175
City: ORLANDO, FL Zip Code: 32839

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: D Miller 13 JANUARY 06
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		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARK MILLER 4700 MILLENIA BLVD - SUITE 175 ORLANDO, FL 32839 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DEBBIE MILLER 4700 MILLENIA BLVD. SUITE 175 ORLANDO, FL 32839 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: January 17th 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #