

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000092494

1. Entity Name
THE REALTY GROUP, LLC



FILED

06 MAR 17 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
267 JOHN KNOX RD
SUITE 200
TALLAHASSEE, FL 32303 US

Mailing Address
267 JOHN KNOX RD
SUITE 200
TALLAHASSEE, FL 32303 US



2. Principal Place of Business
1017 Thomasville Rd
Suite, Apt. #, etc.
Suite A
City & State
Tallahassee, FL
Zip
32303
Country
USA

3. Mailing Address
1017 Thomasville Rd
Suite, Apt. #, etc.
Suite A
City & State
Tallahassee, FL
Zip
32303
Country
USA

03172006 Chg-LLC CR2E083 (11/05)

4. FEI Number
203537035
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HUTCHINSON, THOMAS H
2937 SPINNAKER CT
TALLAHASSEE, FL, FL 32303

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HUTCHINSON, THOMAS H
2937 SPINNAKER CT.
TALLAHASSEE, FL 32303 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
600068073808
03/20/06--01001--002 **100.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

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

3/17/06

Date

850 322 4954

Daytime Phone #