


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 28, 2006 8:00 am**  
**Secretary of State**

07-28-2006 90072 043 \*\*\*\*50.00

DOCUMENT # L05000110913

1. Entity Name  
 111 OLD NORTHEAST REALTY, LLC



Principal Place of Business  
 560 YAWL LANE  
 LONGBOAT KEY, FL 34228


Mailing Address  
 560 YAWL LANE  
 LONGBOAT KEY, FL 34228

2. Principal Place of Business  
 111 6TH AVENUE NORTH  
 Suite, Apt. #, etc.

3. Mailing Address  
 321 10TH AVENUE NORTH  
 Suite, Apt. #, etc.

City & State  
 ST. PETERSBURG, FL  
 Zip 33701 Country U.S.A.

City & State  
 ST. PETERSBURG, FL  
 Zip 33701 Country U.S.A.



07172006 Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
 MARTIN, HOWARD E  
 560 YAWL LANE  
 LONGBOAT KEY, FL 34228

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.

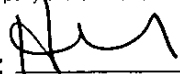
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by September 6, 2006**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTIN, HOWARD E 560 YAWL LANE LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  HOWARD MARTIN Date: 7/24/06 Daytime Phone #

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