


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90031 042 \*\*\*\*50.00

**DOCUMENT # L05000110913**

1. Entity Name  
 111 OLD NORTHEAST REALTY, LLC



Principal Place of Business      Mailing Address  
 111 6TH AVE NORTH                      321 10TH AVE NORTH  
 SAINT PETERSBURG, FL 33701              SAINT PETERSBURG, FL 33701

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.                                      Suite, Apt. #, etc.

City & State                                      City & State

Zip      Country                                      Zip      Country

02202007    Chg-LLC                      CR2E083 (12/06)

4. FEI Number                                      Applied For  
 NOT APPLICABLE                                      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      Same  
 Street Address (P.O. Box Number is Not Acceptable)  
 596 YAWL LANE  
 City      Same                                      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 May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, HOWARD E		NAME	Same	
STREET ADDRESS	560 YAWL LANE		STREET ADDRESS	596 Yawl Lane	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CITY-ST-ZIP	Same	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Justin Hayward      Date: 4/17/07      Daytime Phone #: 727-920-0352

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