2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L05000121412

1. Entity Name REDDY REALTY, LLC

FILED
Jan 10, 2007 08:00 AM
Secretary of State

Principal Place of Business

2683 WYNDSOR OAKS WAY WINTER HAVEN, FL 33884

Mailing Address

2683 WYNDSOR OAKS WAY WINTER HAVEN, FL 33884



01072007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-4027323

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

LASMAN, JEFFREY M ESQ. C/O LASMAN LAW FIRM, P.A. 6152 DELANCEY STATION STREET, SUITE 205 RIVERVIEW, FL 33569

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| The above named entity submits this the obligations of registered agent. | statement for the purpose of ch | anging its registered office o | r registered agent, or both. | in the State of Florida. | I am familiar with, and accept |
|--|---------------------------------|--------------------------------|------------------------------|--------------------------|--------------------------------|
| | • | | | 1. 1. 1. | • |
| SIGNATURE | ų. | | | | |

(NOTE: Registered Agent alignature required when reinstaling)

Filing Fee Is \$50.00 Due by May 1, 2007

| | 9. | MANAGING MEMBERS/MANAGERS | | | |
|--|---------------------------------------|---|--|--|--|
| | TITLE NAME STREET ADORESS CITY-ST-ZIP | MGRM REDDY, ARUNA G 2683 WYNDSOR OAKS WAY WINTER HAVEN, FL 33884 | | | |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the | | | | | |

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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:

Amel

117/06

RL2-994795

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

Date

Daytime Phone #