

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**


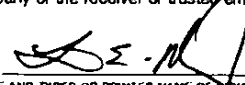
FILED
Jul 16, 2007 8:00 am
Secretary of State

05-07-2007 90616 001 ****50.00
05-07-2007 90616 002 *****5.00

JUL 16 2007



1st MOORE CR2E083 (10/06)

DOCUMENT # L06000000739					
1. Entity Name REALITY INSTALLATIONS, LLC					
Principal Place of Business 423 FORESTA TERRACE WEST PALM BEACH FL 33415 US			Mailing Address 423 FORESTA TERRACE WEST PALM BEACH FL 33415 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 84-1701648	
Zip	Country	Zip	Country	Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent MENDEZ, LUIS E 423 FORESTA TERRACE WEST PALM BEACH FL 33415			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL		
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.			DATE		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<p align="center">FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007</p>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 			LUIS E. MENDEZ 4/19/07 561-352-4468		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		