

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000002061

FILED
May 03, 2007
Secretary of State

Entity Name: CONSTRUCTION REALTY, LLC

Current Principal Place of Business:

1125 KINGSLAND CT.
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

450 STATE RD. 13 NORTH, STE. 106 PMB 178
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 20-4082339 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

INTREPID REGISTERED AGENT SERVICES, LLC
ONE INDEPENDENT DR., STE. 1200
JACKSONVILLE, FL 32202 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SEARS, STEVEN T
Address: 1125 KINGSLAND CT.
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGR (X) Delete
Name: SEARS, LINDA L
Address: 1125 KINGSLAND CT.
City-St-Zip: JACKSONVILLE, FL 32259

Title: PT (X) Delete
Name: SEARS, STEVEN T
Address: 1125 KINGSLAND CT.
City-St-Zip: JACKSONVILLE, FL 32259

Title: VPS (X) Delete
Name: SEARS, LINDA L
Address: 1125 KINGSLAND CT.
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEVEN T. SEARS

MGR

05/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date