


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 17, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90034 035 \*\*\*\*50.00

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <b>DOCUMENT # L06000020821</b><br>1. Entity Name<br><b>LIMAR REALTY LLC</b>  |  |   |  |  |  |
| Principal Place of Business<br><b>7601 EAST TREASURE DRIVE<br/>CU9<br/>NORTH BAY VILLAGE, FL 33141</b>   |  |   | Mailing Address<br><b>7601 EAST TREASURE DRIVE<br/>CU9<br/>NORTH BAY VILLAGE, FL 33141</b>   |   |  |
| 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  | 4. FEI Number<br><b>20-4380712</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |  |   |  | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 6. Name and Address of Current Registered Agent<br><br><b>LIMA, SOPHIA<br/>7601 EAST TREASURE DRIVE<br/>CU9<br/>NORTH BAY VILLAGE, FL FL</b>   |  |   | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>   |  |   |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |  | Make check payable to<br><b>Florida Department of State</b> |  |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |   | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>LIMA, SOPHIA<br>7601 EAST TREASURE DRIVE CU9<br>NORTH BAY VILLAGE, FL 33141 <input type="checkbox"/> Delete    |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>MARQUET, BARBARA<br>7601 EAST TREASURE DRIVE CU9<br>NORTH BAY VILLAGE, FL 33141 <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>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: <u>Sophia Lima</u>  |  |   | Date: <u>4/23/07</u>   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |   |  |   |  |

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