

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000026591

FILED  
Jan 19, 2009  
Secretary of State

Entity Name: GIT REAL, LLC

**Current Principal Place of Business:**

2982 PASO DE VIVOZ  
GULF BREEZE, FL 32566

**New Principal Place of Business:**

**Current Mailing Address:**

2982 PASO DE VIVOZ  
GULF BREEZE, FL 32566

**New Mailing Address:**

FEI Number: 74-3171165

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SWANN, WALTER G III  
2982 PASO DE VIVOZ  
GULF BREEZE, FL 32566 US

**Name and Address of New Registered Agent:**

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: DEL SIGNORE, THERESA R  
Address: 2982 PASO DE VIVOZ  
City-St-Zip: GULF BREEZE, FL 32566

Title: MGR ( ) Delete  
Name: SWANN, WALTER G III  
Address: 2982 PASO DE VIVOZ  
City-St-Zip: GULF BREEZE, FL 32566

Title: MGR ( ) Delete  
Name: DEL SIGNORE, LUCILLE F  
Address: 9840 N. LOOP RD  
City-St-Zip: PENSACOLA, FL 32507

**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:

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: THERESA DEL SIGNORE

MGR

01/19/2009

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