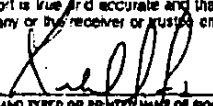


May 6, 2007 3:58PM Golomb, Schwartz & Co., PA
2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)

FILED
Jun 18, 2007 8:00 am
Secretary of State

05-18-2007 90222 042 ***150.00

DOCUMENT # L06000029072					
1. Entity Name MICRON REALTY, LLC					
Principal Place of Business 1950 S.W. 100TH STREET OCALA FL 34478			Mailing Address 1950 S.W. 100TH STREET OCALA FL 34478		
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	
4. FEI Number 20-4531930				Applied For (Not Applicable)	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FEIN, RONALD D 1950 S.W. 100TH STREET OCALA FL 34478				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 _____ (Signature of Registered Agent or Registered Agent's Representative) (NOTE: Registered Agent's Signature is required when changing)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FEIN, RONALD D		NAME		
STREET ADDRESS	1950 S.W. 100TH STREET		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34478		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FEIN, MICHAEL E		NAME		
STREET ADDRESS	250 E. 73RD STREET, APT. 14-D		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10021		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 609, Florida Statutes.					
SIGNATURE:  7/30/07					
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					