

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90035 032 ****50.00

DOCUMENT # L06000031213

1. Entity Name
 RAPALLO REALTY, LLC



Principal Place of Business
 9918 EL GRECO CIRCLE
 BONITA SPRINGS, FL 34135

Mailing Address
 9918 EL GRECO CIRCLE
 BONITA SPRINGS, FL 34135

60030569



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03072007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
 22-3927489

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
 1840 SOUTHWEST 22 STREET, 4TH FLOOR
 MIAMI, FL 33145

Name

Street Address (P.O. Box Number is Not Acceptable)

9918 EL Greco Circle

City Bonita Springs

FL

Zip Code 34135

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

Don Bond

3/14/07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
 Due by May 1, 2007

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR Delete
 NAME BORDNER, DONALD
 STREET ADDRESS 9918 EL GRECO CIRCLE
 CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE MGR Delete
 NAME BORDNER, NANCY
 STREET ADDRESS 9918 EL GRECO CIRCLE
 CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Don Bond

3/14/07

239-498-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #