

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L06000079545					
1. Entity Name REALTYTRUST GROUP, LLC					
Principal Place of Business 6220 S. ORANGE BLOSSOM TRAIL SUITE 200 ORLANDO, FL 32809 US			Mailing Address 6220 S. ORANGE BLOSSOM TRAIL SUITE 200 ORLANDO, FL 32809 US		
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 20-5645524	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MICKLER, MICHELLE D 1958 PALM VIEW DRIVE APOPKA, FL 32712			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
Amended AR is \$50.00			Make check payable to: Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MICKLER, MICHELLE D 1958 PALM VIEW DRIVE APOPKA, FL 32712	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARGER MORTGAGE GROUP LLC 109 LONG LEAF LANE ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REALTY INVESTMENTS OF AMERICA INC. 112164 BRIDGE HOUSE ROAD WINDERMERE, FL 34786	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE COCO GROUP LLC 1958 PALM VIEW DRIVE APOPKA, FL 32712	<input checked="" type="checkbox"/> Delete			
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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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date					
Daytime Phone #					

FILED

2007 OCT 26 PM 3:06

CLERK OF STATE
TALLAHASSEE, FLORIDA



10192007 Chg-LLC CR2E083 (12/06)

Applied For
Not Applicable

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

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7. Name and Address of New Registered Agent

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