

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000083962

**FILED**  
**Apr 30, 2007**  
**Secretary of State**

**Entity Name:** ADVENTISS REALTY,LLC

**Current Principal Place of Business:**

3282 CHAPEL CREEK CIR  
WESLEY CHAPEL, FL 33543

**New Principal Place of Business:**

3252 CHAPEL CREEK CIR  
WESLEY CHAPEL, FL 33543 US

**Current Mailing Address:**

3282 CHAPEL CREEK CIR  
WESLEY CHAPEL, FL 33543

**New Mailing Address:**

3252 CHAPEL CREEK CIR  
WESLEY CHAPEL, FL 33543 US

FEI Number: 20-5457997

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHARMA, MANISH  
3282 CHAPEL CREEK CIR  
WESLEY CHAPEL, FL 33543 US

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

SHARMA, MANISH  
3252 CHAPEL CREEK CIR  
WESLEY CHAPEL, FL 33543 US

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: MANISH SHARMA

04/30/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SHARMA, MANISH  
Address: 3252 CHAPEL CREEK CIR  
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: MGR ( ) Delete  
Name: NAING, ANDY  
Address: 2355 DEMEYER ST  
City-St-Zip: BRONX, NY 10469

**ADDITIONS/CHANGES:**

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: MANISH SHARMA

MGR

04/30/2007

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