

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90069 018 \*\*\*143.75

|                                            |                                                                                   |
|--------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L06000084861</b>             |  |
| 1. Entry Name<br><b>TELLOR REALTY, LLC</b> |                                                                                   |

|                                                                                      |                                                                          |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Principal Place of Business<br><b>4301 PARK BOULEVARD<br/>PINELLAS PARK FL 33781</b> | Mailing Address<br><b>4301 PARK BOULEVARD<br/>PINELLAS PARK FL 33781</b> |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------|



|                                                |         |                     |         |
|------------------------------------------------|---------|---------------------|---------|
| 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 |

1st MOORE CR2E083 (10/07)

|                                                                                                                                     |  |                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4. FEI Number<br><b>20-5503485</b>                                                                                                  |  | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                    |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required                                 |  |                                                                                                                                                                                                           |
| 6. Name and Address of Current Registered Agent<br><b>CORPDIRECT AGENTS, INC.<br/>515 EAST PARK AVENUE<br/>TALLAHASSEE FL 32301</b> |  | 7. Name and Address of New Registered Agent<br>Name <b>T.G. Halisky</b><br>Street Address (P.O. Box Number is Not Accepted) <b>507 South Prospect Avenue</b><br>City <b>Clearwater</b><br>FL <b>33756</b> |

See  
attached  
sheet

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 typed or printed name of registered agent and the filer) (NOTE: Registered agent's signature required when removing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                                                     | 10. ADDITIONS/CHANGES                          |                                                                   |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>TELLOR, PHYLLIS M<br/>4301 PARK BOULEVARD<br/>PINELLAS PARK FL 33781</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 608, Florida Statutes.

**SIGNATURE:** Phyllis M. Teller **PHYLLIS M. TELLOR**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE **1-23-08 727-522-6678**  
Date Daytime Phone #

ATTACHMENT #

J. G. HALISKY, P.A.

ATTORNEY AT LAW  
507 S. PROSPECT AVENUE  
CLEARWATER, FLORIDA 33756

6000 5259  
L060000 84861

TELEPHONE 461-4234  
AREA CODE 727  
FAX 442-4750

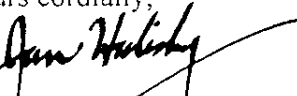
January 22, A.D. 2008

Ms. Phyllis Tellor  
4301 Park Boulevard  
Pinellas Park, FL 33781

Dear Phyllis:

Enclosed please find a notification from the Florida Division of Corporations that the change in the registered agent for Tellor Realty, L.L.C., has been filed.

Yours cordially,

  
J. G. Halisky

JGH/jah