


FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90040 034 ****50 00

DOCUMENT # L06000106500						04-19-2007 90040 034 ****50.00	
1. Entity Name SR REALTY INVESTMENTS, LLC							
Principal Place of Business 7025 CR 46-A, SUITE 107-347 LAKE MARY, FL 32746				Mailing Address 7025 CR 46-A, SUITE 107-347 LAKE MARY, FL 32746			
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	
6. Name and Address of Current Registered Agent SOMSINGH, DEVANAND 11302 FOX QUARRY LN SANFORD, FL 32773				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;">FLZip Code</div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
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			
<small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small>	<div>MGRM SOMSINGH, DEVANAND 7025 CR 46-A, SUITE 107-347 LAKE MARY, FL 32746</div> <div style="text-align: right;"><input type="checkbox"/> Delete</div>			<small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small>	<div></div> <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
<small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small>	<div></div> <div style="text-align: right;"><input type="checkbox"/> Delete</div>			<small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small>	<div></div> <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
<small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small>	<div></div> <div style="text-align: right;"><input type="checkbox"/> Delete</div>			<small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small>	<div></div> <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
<small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small>	<div></div> <div style="text-align: right;"><input type="checkbox"/> Delete</div>			<small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small>	<div></div> <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
<small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small>	<div></div> <div style="text-align: right;"><input type="checkbox"/> Delete</div>			<small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small>	<div></div> <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
<small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small>	<div></div> <div style="text-align: right;"><input type="checkbox"/> Delete</div>			<small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small>	<div></div> <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date _____ <small>Daytime Phone #</small> _____			