

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90167 035 ***138.75

DOCUMENT # L07000033882 1. Entity Name DON TOBEY, REALTOR L.L.C.					
Principal Place of Business 10725 S.W. 128TH AVE. DUNNELLO, FL 34432 US			Mailing Address 10725 S.W. 128TH AVE. DUNNELLO, FL 34432 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 51-0630336	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent TOBEY, DONALD 10725 S.W. 128TH AVE. DUNNELLO, FL 34432				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$5.00 Additional Fee Required	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				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	MGRM			<input type="checkbox"/> Delete	
NAME	TOBEY, DONALD			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	10725 S.W. 128TH AVE.				
CITY-ST-ZIP	DUNNELLO, FL 34432				
TITLE				<input type="checkbox"/> Delete	
NAME				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				<input type="checkbox"/> Delete	
NAME				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS					
CITY-ST-ZIP					
TITLE				<input type="checkbox"/> Delete	
NAME				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:				1-4-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date	
				Daytime Phone #	