


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90055 050 ***138.75

DOCUMENT # L07000042507	
1. Entity Name INTERNET REALM, LLC	

Principal Place of Business 19 SUGARMILL WAY HAVANA, FL 32333 FL	Mailing Address 19 SUGARMILL WAY HAVANA, FL 32333 FL
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address PO Box 1266
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Havana, FL
Zip	Country Gadsden

60001875



01112008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8879495	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FOSHEE, BONNIE 19 SUGARMILL WAY HAVANA, FL 32333	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to: Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOSHEE, BONNIE 19 SUGARMILL WAY HAVANA, FL 32333 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Bonnie C. Foshee **Date:** Jan. 11, 2008 **Daytime Phone #:** (850) 320-2909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE