


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90123 018 ***138.75

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| DOCUMENT # L07000094451 |  |
| 1. Entity Name RO DEPAOLA REAL ESTATE, LLC | |

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|---|---|
| Principal Place of Business 139 NORTH COUNTY ROAD SUITE 14 PALM BEACH, FL 33480 US | Mailing Address 139 NORTH COUNTY ROAD SUITE 14 PALM BEACH, FL 33480 US |
|---|---|

60006309



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|---|--|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address <i>144 Coventry Place</i> Suite, Apt. #, etc. |
| City & State | City & State <i>Palm Beach Gardens, FL.</i> |
| Zip Country | Zip <i>33418</i> Country <i>U.S.A.</i> |

02012008 Chg-LLC CR2E083 (12/06)

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|--|---|
| 4. FEI Number # <i>26-1086554</i> | Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

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|---|---|
| 6. Name and Address of Current Registered Agent DEPAOLA, ROSEMARY F 139 NORTH COUNTY ROAD SUITE 14 PALM BEACH, FL 33480 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|---|---|

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 _____

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|---|--|
| 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 NAME STREET ADDRESS CITY - ST - ZIP | MGRM DEPAOLA, ROSEMARY F 139 NORTH COUNTY ROAD PALM BEACH, FL 33480 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <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: *Rosemary F. DePaola* **2-4-08 (561) 415-9257**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #