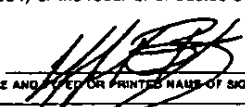


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90102 022 \*\*\*138.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                      |                                 |                                                                                                                               |                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L07000115857</b><br>1. Entity Name<br><b>REALTY GROUP NAPLES LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                      |                                 |                                                                                                                               |  |  |
| Principal Place of Business<br><b>5824 CINZANO CT.<br/>NAPLES FL 34119</b>                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      |                                 | Mailing Address<br><b>5824 CINZANO CT.<br/>NAPLES FL 34119</b>                                                                |                                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                     |                                                                                   |  |
| City & State<br>Zip Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                      |                                 | City & State<br>Zip Country                                                                                                   |                                                                                   |  |
| 4. FEI Number<br><b>26-1337297</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                      |                                 |                                                                                                                               | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                      |                                 |                                                                                                                               | 1st MOORE CR2E083 (10/07)                                                         |  |
| 6. Name and Address of Current Registered Agent<br><b>PRESANZANO, JOHN<br/>21528 BRIXHAM RUN LOOP<br/>ESTERO FL 33928</b>                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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's signature required when removing)<br>Signature, typed or printed name of registered agent and fee if applicable DATE                                                                                                                                                                                                                                                                                                                                           |                                                                      |                                 |                                                                                                                               |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008, Fee Will Be \$538.75</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                         |                                                                      |                                 |                                                                                                                               |                                                                                   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                      |                                 | <b>10. ADDITIONS/CHANGES</b>                                                                                                  |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGR<br>BLAJIAN, JEFFERY<br>5824 CINZANO CT.<br>NAPLES FL 34119       | <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                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGR<br>PRESANZANO, JOHN<br>21528 BRIXHAM RUN LOOP<br>ESTERO FL 33928 | <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                                      | <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                                      | <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                                      | <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                                      | <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. |                                                                      |                                 |                                                                                                                               |                                                                                   |  |
| <b>SIGNATURE:</b>  <b>MYING PIN.</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date of Filing                                                                                                                                                                                                                                                     |                                                                      |                                 |                                                                                                                               |                                                                                   |  |