2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L98000001296

Mar 12, 2007 08:00 A Secretary of State

FILED

Principal Place of Business 8525 RED LEAF LN.

ORLANDO, FL 32819

R. D. REALTY, L.C.

1. Entity Name

Mailing Address 20 NORTH ORANGE AVENUE

SUITE 600 ORLANDO, FL 32801



03022007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	 Applied For
58-2410852	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

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\$5.00 Additional Fee Required

6.	Name and	Address of	gistered Agent

HENDRY, STONER, CALANDRINO & BROWN, P.A. 20 N. ORANGE AVENUE SUITE 600 ORLANDO, FL 32801			DO NOT WRITE IN THIS SPACE		
8. The above the obligat	named entity submits this statement for the purpose of cha tions of registered agent.	nging its registered office or registered agent, or both, in t	the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and little if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE		
Fi	lling Fee is \$50.00 ue by May 1, 2007				
9.	MANAGING MEMBERS/MANAGERS	. , * . !			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUGGAL, KARAM V 8525 RED LEAF LANE ORLANDO, FL 32819		U00000662593		
TITLE NAME STREET ADDRESS CHY-ST-ZIP	MGRM DUGGAL, ANITA 8525 RED LEAF LANE ORLANDO, FL 32819		03/21/07-80020-003 50.0		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO N	OT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN TH	IIS SPACE		
TITLE NAME STREET ADDRESS					

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:

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

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