


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000006826**

1. Entity Name  
**REALTY INVESTMENTS, LLC**



Principal Place of Business      Mailing Address

**7311 PELICAN ISLAND DRIVE**      **P.O. BOX 20452**  
**TAMPA, FL 33634**      **TAMPA, FL 33622**

**DO NOT WRITE IN THIS SPACE**



01152008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>59-3613657</b>	Applied For Not Applicable
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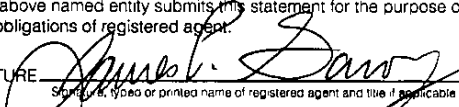
5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VARSAVES, LOUIS J**  
**7311 PELICAN ISLAND DRIVE**  
**TAMPA, FL 33634**

**DO NOT WRITE IN THIS SPACE**

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:       DATE: **1/15/08**

Signature, type or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**


9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARVEY, JIM 18840 5TH ST., SW LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VARSAVES, LOU 7311 PELICAN ISLAND DRIVE TAMPA, FL 33634
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 01/22/08-80023-021 138.75

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:       DATE: **1/15/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #