

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000949

Entity Name: REALITRADE, L.L.C.

FILED  
Feb 06, 2006  
Secretary of State

## Current Principal Place of Business:

588 CANDLELIGHT DR.  
BOZEMAN, MT 59718

## New Principal Place of Business:

1144 SE 33RD TER  
CAPE CORAL, FL 33904

## Current Mailing Address:

588 CANDLELIGHT DR.  
BOZEMAN, MT 59718

## New Mailing Address:

1144 SE 33RD TER  
CAPE CORAL, FL 33904

FEI Number: 81-0514045

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BAKOS, MARY K  
1144 SE 33RD TERRACE  
CAPE CORAL, FL 339044223 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: BAKOS, MARY K  
Address: 588 CANDLELIGHT DR.  
City-St-Zip: BOZEMAN, MT 59718

Title: MGR ( ) Delete  
Name: BAKOS, KEITH A  
Address: 588 CANDLELIGHT DR.  
City-St-Zip: BOZEMAN, MT 59718

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: BAKOS, MARY K  
Address: 1144 SE 33RD TER  
City-St-Zip: CAPE CORAL, FL 33904

Title: MGR (X) Change ( ) Addition  
Name: BAKOS, KEITH A  
Address: 1144 SE 33RD TER  
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARY KAREN BAKOS

MGR

02/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date