## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000069008

Entity Name: LIST REALTY, INC

FILED Mar 29, 2009 Secretary of State

y	iller Elotti	ELACTT, IIVO.			
Current P	rincipal Pla	ace of Business:	New Principal Place	New Principal Place of Business:	
2101 W PLATT ST				401 NORTH HOWARD	
200 TAMPA, FL 33606			TAMPA, FL 33606		
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
2101 W PLATT ST				401 NORTH HOWARD TAMPA, FL 33606	
200 TAMPA, FL 33606		TAMPA, FL 33606			
FEI Number:	: 59-3527483	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
KOEHLER, KEITH W KOEHLER & COMPANY, P.A. 502 N ARMENIA AVE TAMPA, FL 33609 US			KOEHLER & COMPA 401 N HOWARD	KOEHLER, KEITH W KOEHLER & COMPANY, P.A. 401 N HOWARD TAMPA, FL 33606 US	
	named ent e of Florida.	ty submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE:				03/29/2009	
	Elect	ronic Signature of Registered Ag	gent	Date	
Election Car	mpaign Finan	cing Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PTD GULUZIAN, 2101 W PL TAMPA, FL	ATT ST, STE 200	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SVD LUM, JOHN 2101 W PL/ TAMPA, FL	ATT ST, STE 200	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D FREEL, KE	(X) Delete VIN D	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JOHN LUM SVD 03/29/2009

2101 W PLATT ST SUITE 200

TAMPA, FL 33606

Address: City-St-Zip: