

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000014082

1. Entity Name
REAL SUB, LLC



Principal Place of Business
**3300 PUBLIX CORPORATE
LAKELAND, FL 33811-3311**

Mailing Address
**PO BOX 32018
TREASURE LICENSES
LAKELAND, FL 33802-2018**



04172006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3681301

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ATTAWAY, JOHN A JR
3300 PUBLIX CORPORATE PKWY
LAKELAND, FL 33811-3311**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

000000531700
05/06/06-80052-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE **P**
NAME **JENKINS, CHARLES H JR**
STREET ADDRESS **3300 PUBLIX CORPORATE PKWY**
CITY-ST-ZIP **LAKELAND, FL 338113311**

TITLE **S**
NAME **ATTAWAY, JOHN A JR**
STREET ADDRESS **3300 PUBLIX CORPORATE PKWY**
CITY-ST-ZIP **LAKELAND, FL 338113311**

TITLE **T**
NAME **PHILLIPS, DAVID P**
STREET ADDRESS **3300 PUBLIX CORPORATE PKWY**
CITY-ST-ZIP **LAKELAND, FL 338113311**

TITLE **V**
NAME **FRAZIER, JOHN R**
STREET ADDRESS **3300 PUBLIX CORPORATE PKWY**
CITY-ST-ZIP **LAKELAND, FL 338113311**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

John A Attaway Jr 04/20/06 863-688-1404