

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L96000001041

1. Entity Name
M/S REALTY ASSOCIATES, L.C.



Principal Place of Business
**1025 S.W. MARTIN DOWNS BLVD.
PALM CITY, FL 34990**

Mailing Address
**1025 S.W. MARTIN DOWNS BLVD.
PALM CITY, FL 34990**



01232008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3240646

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**UCC FILING & SEARCH SERVICES, INC.
1574 VILLAGE SQUARE BLVD
SUITE 100
TALLAHASSEE, FL 32309**

**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 _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SCHACHTER, MICHAEL
STREET ADDRESS	1910 S.E. PORT ST. LUCIE BLVD.
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952
TITLE	MGRM
NAME	SCHACHTER, DIANE T
STREET ADDRESS	1910 S.E. PORT ST. LUCIE BLVD.
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952
TITLE	MGRM
NAME	SCHACHTER, MICHAEL
STREET ADDRESS	601-621 PORT ST. LUCIE BLVD.
CITY-ST-ZIP	PORT ST. LUCIE, FL
TITLE	MGRM
NAME	SCHACHTER, DIANET
STREET ADDRESS	601-621 PORT ST. LUCIE BLVD.
CITY-ST-ZIP	PORT ST. LUCIE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000801313
02/01/08-80013-010 138.75

**DO NOT WRITE
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 #

1/24/08 (772) 219-1900