


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2005 APR -8 PM 2: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

50.


DOCUMENT # L01000000039 1. Entity Name ACROPOLIS REALTY L.L.C.	
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Principal Place of Business 8966 SW 87 CT. STE 24 MIAMI, FL 33183	Mailing Address 8966 SW 87 CT. STE 24 MIAMI, FL 33183
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2. Principal Place of Business 8950 N. KENDALL DRIVE Suite, Apt. #, etc. 403	3. Mailing Address PO. Box 565027 Suite, Apt. #, etc.
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City & State MIAMI, FL	City & State Miami, FL
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Zip 33176	Country USA	Zip 332565027	Country USA
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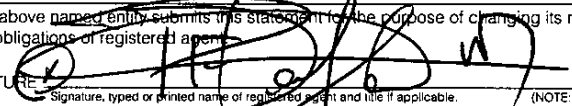


04052005 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1068095	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent DELGADO, PABLO E H.D. 8466 SW 87 COURT, STE 24 MIAMI, FL 33176	7. Name and Address of New Registered Agent Name <u>Pablo E. Delgado</u> Street Address (P.O. Box Number if Not Applicable) <u>8950 N. Kendall Drive</u> <u>Suite 403</u> City <u>Miami</u> FL Zip Code <u>33176</u>
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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.

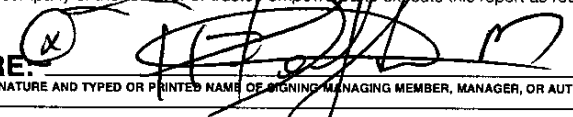
SIGNATURE  DATE 4-5-05

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELGADO, PABLO E 8966 SW 87 CT., #24 MIAMI, FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delgado Pablo E. 8950 N. KENDALL DRIVE #403 MIAMI, FL 33176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300054235193 05/10/05--01104--001 **726.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trustee or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE  DATE 4-5-05 (305) 5952855

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