2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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04-28-2008 90044 033 ***138.75 DOCUMENT #L01000018826 1. Entity Name TRUST INVESTMENT REALTY, LLC 60030142 Principal Place of Business Mailing Address 18851 NE 29TH AVE., #722 P.O. BOX 611510 NORTH MIAMI, FL 33261-1510 AVENTURA, FL 33180 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable 22-3869430 Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROTH, LEONARDO A ESQ Street Address (P.O. Box Number is Not Acceptable) 3440 HOLLYWOOD BLVD., SUITE 360 HOLLYUWOOD, FL 33021 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE TITLE ☐ Delete ☐ Change Addition BRUZZONE, NATALIE NAME NAME STREET ADDRESS 3440 HOLLYWOOD BLVD., STE. 360 STREET ADORESS CITY-ST-ZIP HOLLYWOOD, FL 33021 CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition GROSSKOPF, MANUEL NAME NAME STREET ADDRESS 3440 HOLLYWOOD BLVD., STE. 360 STREET ADDRESS CITY-S1-ZIP HOLLYWOOD, FL 33021 CITY-ST-ZIP MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition SAAL, JOSE NORBERTO NAME NAME STREET ADDRESS 3440 HOLLYWOOD BLVD., STE, 360 STREET ADDRESS CITY - ST - ZIP HOLLYWOOD, FL 33021 CITY-\$1-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the informatindicated on this report is true a supplied with this ling does not d for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am a managing member or manager of the cyrate and that limited liability company or the r aport as required by Chapter 608, Florida Statutes. SIGNATURE: SIGNATURE AND TYPED MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Apr 28, 2008 8:00 am Secretary of State