

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 17, 2005 8:00 am**  
**Secretary of State**

06-17-2005 90160 021 \*\*\*\*55.00

<b>DOCUMENT # L03000016286</b>	
1. Entity Name 1428 S.E. 16TH PLACE REALTY, LLC	

Principal Place of Business 3778 HIDDEN ACRES CIR. C/O ANTHONY PAONE N. FT. MYERS, FL 33903	Mailing Address 3778 HIDDEN ACRES CIR. C/O ANTHONY PAONE N. FT. MYERS, FL 33903
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**DO NOT WRITE IN THIS SPACE**



04152005 No Chg-LLC      CR2E083 (10/03)

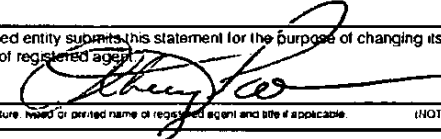
4. FEI Number 42-1588557	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

PAONE, ANTHONY  
3778 HIDDEN ACRES CIRCLE  
FORT MYERS, FL 33903

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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:       DATE: 6/17/05

Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

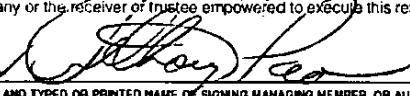
**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAONE, ANTHONY 1076 NEILL AVENUE BRONX, NY 10461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:       Date: 6/17/05

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