


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90057 031 \*\*\*\*55.00

**DOCUMENT # L03000018742**

1. Entity Name  
 REALTY ADVICE, LLC.



Principal Place of Business  
 19495 BISCAYNE BLVD  
 #501  
 AVENTURA, FL 33180 US

Mailing Address  
 19495 BISCAYNE BLVD  
 #501  
 AVENTURA, FL 33180 US

2. Principal Place of Business - No P.O. Box #  
 401 E Las Olas Blvd  
 Suite, Apt. #, etc. 1180

3. Mailing Address  
 401 E Las Olas Blvd  
 Suite, Apt. #, etc. 1180

City & State  
 Ft Lauderdale FL

City & State  
 Ft Lauderdale FL

Zip 33301 Country U.S.A.

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04192007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
 41-2097009

Applied For  
 Not Applicable

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



6. Name and Address of Current Registered Agent

HOURI, DAVID  
 19495 BISCAYNE BLVD  
 #501  
 AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name  
 FRANK L DIAZ P.A.

Street Address (P.O. Box Number is Not Acceptable)  
 3400 CORAL WAY, 6th FL

City MIAMI FL Zip Code 33145

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 Frank Diaz (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2007**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOURI, DAVID 19495 BISCAYNE BLVD AVENTURA, FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Houri David 401 E Las Olas Blvd #1180 Ft Lauderdale FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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 and I intend to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: David Houri Date 4/24/07 954-712-9555

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