

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
Apr 24, 2006 8:00 am
Secretary of State

04-04-2006 90011 022 ****50.00
03-21-2006 90298 023 ****50.00

DOCUMENT # L05000008396
1. Entity Name
INDEPENDENT REAL ESTATE INVESTORS, LLC



Principal Place of Business Mailing Address
10235 SW 68TH STREET 10235 SW 68TH STREET
MIAMI FL 33173 MIAMI FL 33173

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number
135728270 Applied For
Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

1st MOORE CR2E083 (10/05)

6. Name and Address of Current Registered Agent
GONZALEZ, BELARMINIO J
10235 SW 66TH STREET
MIAMI FL 33173

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGR	GONZALEZ, BELARMINIO J	10235 SW 66 STREET	MIAMI FL 33173	<input type="checkbox"/>
MGR	GONZALEZ, CLARISSA	10235 SW 68TH STREET	MIAMI FL 33173	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Clarissa Gonzalez* 03-09-06 305-596-4320
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #