FILED
May 24, 2007 8:00 am
Secretary of State

04-30-2007 90045 001 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000027281

1. Entity Name
REALTY OF AMERICA, LLC

Principal Place of Business	Mailing Address
P.O. BOX 278623 MIRAMAR, FL 33027	P.O. BOX 278623 MIRAMAR, FL 33027

02122007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7337 N.W. 37 AVENUE	
Suite, Apt. #, etc. SUITE # E-2	Suite, Apt. #, etc.
City & State MIAMI	City & State Fl.
Zip 33147 Country	Zip Country

4. FEI Number 20-4502517 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name MARIE ROVIRA

Street Address (P.O. Box Number is Not Acceptable) 2204 S.W. 126 AVENUE

City Miramar FL Zip Code 33027

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 Marie Rovira DATE 4/25/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROVIRA, MARIE P.O. BOX 278623 MIRAMAR, FL 33027 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Marie Rovira P.O. BOX 278623 MIRAMAR, Fl. 33027 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Marie Rovira 4/25/07 754-214-7595

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