
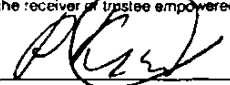


**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90186 005 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

|  |   |  |   |   |          |
|--|---|--|---|---|----------|
| <b>DOCUMENT # L06000098704</b>   |   |  |   |  |          |
| 1. Entity Name<br>1ST REALTY INTERNATIONAL SALES TEAM, LLC   |   |  |   |   |          |
| Principal Place of Business<br>17100 COLLINS AVE.<br>SUITE 110<br>SUNNY ISLES, FL 33160  |   |  | Mailing Address<br>17100 COLLINS AVE.<br>SUITE 110<br>SUNNY ISLES, FL 33160 |   |          |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address                         |   |   |          |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.                        |   |   |          |
| City & State   |   | City & State                               |   | 02222007 Chg-LLC CR2E083 (12/06)  |          |
| Zip  |   | Country                                    |   | 4. FEI Number<br>01-0815698   |          |
|  |   |  |   | Applied For<br>Not Applicable   |          |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |  | \$5.00 Additional Fee Required  |   |          |
| 6. Name and Address of Current Registered Agent  |   |  | 7. Name and Address of New Registered Agent                                 |   |          |
| RONES, VICTOR K<br>16105 NE 18 AVENUE<br>N. MIAMI BEACH, FL 33162  |   |  | 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 reinstating) _____ DATE _____  |   |  |   |   |          |
| 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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>SHKOLNIKOV, LEONID<br>1717 HALLANDALE BEACH BLVD.<br>HALLANDALE BEACH, FL 33009 | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>KING, PAUL MICHAEL<br>1717 HALLANDALE BEACH BLVD.<br>HALLANDALE BEACH, FL 33009 | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>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 empowered to execute this report as required by Chapter 608, Florida Statutes. |   |  |   |   |          |
| SIGNATURE:    |   |  | Date: 3/22/07 x 954-458-7272  |   |          |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   |  | Daytime Phone #   |   |          |