


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2008 8:00 am
Secretary of State

01-10-2008 90020 004 ***138.75

DOCUMENT # L06000121640	
1. Entity Name 2011 REALTY, LLC	

Principal Place of Business 1941 N. DIXIE HWY., #7 POMPANO BEACH, FL 33060	Mailing Address 1941 N. DIXIE HWY., #7 POMPANO BEACH, FL 33060
--	--

60000723



2. Principal Place of Business - No P.O. Box # 2011 N. DIXIE Hwy	3. Mailing Address 2240 No. Federal Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc. D

01062008 Chg-LLC CR2E083 (12/06)

City & State Pompano Beach	City & State Pompano Beach, FL.
Zip 33060	Country Broward
Zip 33062	Country Broward

4. FEI Number 20-8082430	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

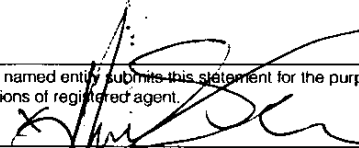
6. Name and Address of Current Registered Agent

DOROSARIO, ANTONIO S
~~1941 N. DIXIE HWY., #7~~
POMPANO BEACH, FL 33060

7. Name and Address of New Registered Agent

Name: ANTONIO DOROSARIO
Street Address (P.O. Box Number is Not Acceptable):
2240 D No. Federal Hwy
City: Pompano Beach FL Zip Code: 33062

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: _____

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

FILE NOW!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

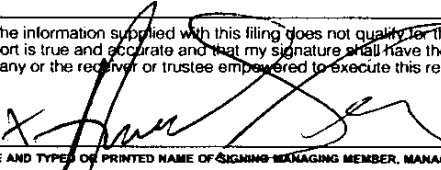
9. MANAGING MEMBERS/MANAGERS

TITLE MGR	<input type="checkbox"/> Delete
NAME DOROSARIO, ANTONIO S	
STREET ADDRESS 1941 N. DIXIE HWY., #7 2240 D No. Federal Hwy	
CITY-ST-ZIP POMPANO BEACH, FL 33060 33062	
TITLE MGR	<input type="checkbox"/> Delete
NAME DOROSARIO, DIANNE	
STREET ADDRESS 1941 N. DIXIE HWY., #7 2240 D No. Federal Hwy	
CITY-ST-ZIP POMPANO BEACH, FL 33060 33062	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

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

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: 1/7/08 (954) 821-5927

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