

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90074 035 ***138.75

DOCUMENT # L07000033870



1. Entity Name
 2061 REALTY INVESTORS, LLC

Principal Place of Business
 265 SOUTH FEDERAL HIGHWAY
 #253
 DEERFIELD BEACH, FL 33441 US

Mailing Address
 265 SOUTH FEDERAL HIGHWAY
 #253
 DEERFIELD BEACH, FL 33441 US



2. Principal Place of Business - No P.O. Box #
 215 N. Federal Hwy
 Suite, Apt. #, etc. 1

3. Mailing Address
 215 N. Federal Hwy
 Suite, Apt. #, etc. 1

02132008 Chg-LLC CR2E083 (12/06)

City & State
 Boca Raton, FL
 Zip 33432 Country U.S.A

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 Boca Raton, FL
 Zip 33432 Country U.S.A

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 PERRY, DIANE M
 2455 EAST SUNRISE BOULEVARD
 SUITE 905
 FT. LAUDERDALE, FL 33304

7. Name and Address of New Registered Agent
 Name James H. Batmasian
 Street Address (P.O. Box Number is Not Acceptable)
 215 N. Federal Hwy #1
 City Boca Raton FL Zip Code 33432

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 02/22/08
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM 2061, INC. 265 SOUTH FEDERAL HIGHWAY, #253 DEERFIELD BEACH, FL 33441 <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	MGRM James H. Batmasian 215 N. Federal Hwy, Ste 1 Boca Raton, FL 33432 <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
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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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ DATE 02/22/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #