
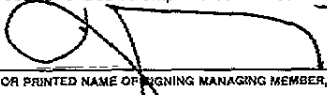


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # L03000033605			
1. Entity Name 3305 HOLDING COMPANY, LLC			
Principal Place of Business 1401 PONCE DE LEON BLVD., STE. 200 CORAL GABLES, FL 33134		Mailing Address 1401 PONCE DE LEON BLVD., STE. 200 CORAL GABLES, FL 33134	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LAW OFFICES OF CARRILLO & CARRILLO, P.A. 1401 PONCE DE LEON BLVD., STE. 200 CORAL GABLES, FL 33134		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 _____		DATE _____	
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, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REALASSIST, INC.	NAME	
STREET ADDRESS	13301 SW 124TH ST	STREET ADDRESS	000000000448
CITY-ST-ZIP	MIAMI, FL 33186	CITY-ST-ZIP	01/08/04-80012-004 50.00
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INFINITY DEVELOPERS, INC.	NAME	
STREET ADDRESS	8999G SW 133 CT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33186	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK E. REARDON, INC.	NAME	
STREET ADDRESS	15790 SW 88TH AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33157	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 1-5-04 Daytime Phone #: 786-251-8931	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	