

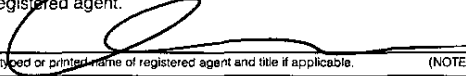
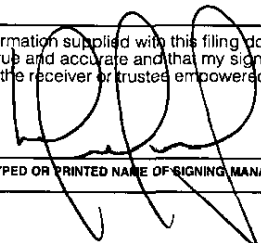


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90411 019 \*\*\*\*50.00

<b>DOCUMENT # L02000016238</b>					
<b>1. Entity Name</b> REAL ESTATE INTERNATIONAL INVESTMENTS & DEVELOPMENT, LLC					
<b>Principal Place of Business</b> 5287 NW 161ST STREET MIAMI, FL 33014			<b>Mailing Address</b> 5287 NW 161ST STREET MIAMI, FL 33014		
<b>2. Principal Place of Business</b> 1911 Harrison Street Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1911 Harrison Street Suite, Apt. #, etc.		<b>24044182</b> 	
City & State Hollywood, Florida		City & State Hollywood, Florida		04132004 Chg-LLC CR2E083 (10/03)	
Zip 33020		Country U.S.A.		<b>4. FEI Number</b> 56-2283426	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> GRISALES-RACINI, OSCAR 1001 BRICKELL BAY DRIVE, SUITE 2600 MIAMI, FL 33131					
<b>7. Name and Address of New Registered Agent</b> Name: OSCAR GRISALES-RACINI Street Address (P.O. Box Number is Not Acceptable): 1911 HARRISON STREET City: Hollywood FL Zip Code: 33020					
<b>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.</b> SIGNATURE:  DATE: 04/12/04 <small>(NOTE: Registered Agent signature required when reinstalling)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PILAR, LOMAS D 5287 NW 161 STREET MIAMI, FL 33014	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER LOMAS DEL PILAR 1911 HARRISON STREET HOLLYWOOD, FL 33020	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERCHIK, ELIAS 5287 NW 161 STREET MIAMI, FL 33014	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER ELIAS PERCHIK 1911 HARRISON STREET HOLLYWOOD, FL 33020	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERCHIK, DARIO 1911 HARRISON STREET HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PERCHIK, DARIO 1911 HARRISON STREET HOLLYWOOD, FL 33020	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERCHIK, GUSTAVO 1911 HARRISON STREET HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PERCHIK, GUSTAVO 1911 HARRISON STREET HOLLYWOOD, FL 33020	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERCHIK, GUSTAVO 1911 HARRISON STREET HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERCHIK, GUSTAVO 1911 HARRISON STREET HOLLYWOOD, FL 33020	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERCHIK, GUSTAVO 1911 HARRISON STREET HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERCHIK, GUSTAVO 1911 HARRISON STREET HOLLYWOOD, FL 33020	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b> 			04/12/04 (954) 929-0679		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		