

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

N.A.
8/22/04
FILED
Aug 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000001773

1. Entity Name
NORTH REALTY, LLC



Principal Place of Business
**40304 FISHER ISLAND DRIVE, #40304
FISHER ISLAND, FL 33109**

Mailing Address
**40304 FISHER ISLAND DRIVE, #40304
FISHER ISLAND, FL 33109**

DO NOT WRITE IN THIS SPACE



07062004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHEAR, DAVID
201 ALHAMBRA CIRCLE
SUITE 601
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 8, 2004**

U00000171111
08/30/04-80004-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
COHEN, LEON
40304 FISHER ISLAND DRIVE, #40304
FISHER ISLAND, FL 33109**

TITLE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

8/25/04

Date

(305) 537-3700

Daytime Phone #