

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000022525

**FILED**  
**Mar 23, 2005**  
**Secretary of State**

**Entity Name:** STEPHANIE REAL ESTATE INVESTMENTS, L.L.C.

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD  
SUITE 1100  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

2531 DEL LAGO DRIVE  
FORT LAUDERDALE, FL 33316

**Current Mailing Address:**

2121 PONCE DE LEON BLVD  
SUITE 1100  
CORAL GABLES, FL 33134

**New Mailing Address:**

2531 DEL LAGO DRIVE  
FORT LAUDERDALE, FL 33316

**FEI Number:** 69-0003969

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOLDSTEIN, MICHAEL B  
2121 PONCE DE LEON BLVD.  
SUITE 110  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

NUNEZ, MIKE  
2531 DEL LAGO DRIVE  
FORT LAUDERDALE, FL 33316 US

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.

SIGNATURE: MIKE NUNEZ

03/23/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: NUNEZ, MIKE  
Address: 2121 PONCE DE LEON BLVD SUITE 1100  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: NUNEZ, MIKE  
Address: 2531 DEL LAGO DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33316

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MIKE NUNEZ

MGR

03/23/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date