2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019028

Entity Name: FUN INVESTMENTS REALTY GROUP, L.L.C.

Current Principal Place of Business:	**New Principal Place of Business:**
20801 BISCAYNE BLVD. SUITE # 403 AVENTURA, FL 331801423	19300 W. DIXIE HWY. SUITE # 12 N. MIAMI BEACH, FL 331802201
Current Mailing Address:	**New Mailing Address:**
20801 BISCAYNE BLVD. SUITE # 403 AVENTURA, FL 331801423	19300 W. DIXIE HWY. SUITE # 12 N. MIAMI BEACH, FL 331802201

FEI Number: 56-2444596   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US	FUNES, EDUARDO R MGR 19300 W. DIXIE HWY. SUITE # 12 N. MIAMI BEACH, FL 33180 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: EDUARDO R. FUNES   01/10/2006
_____
Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGR ( ) Delete	Title:	( ) Change ( ) Addition
Name:	FUNES, EDUARDO R	Name:	
Address:	20801 BISCAYNE BLVD.	Address:	
City-St-Zip:	AVENTURA, FL 331801423	City-St-Zip:	

Title:	MGR ( ) Delete	Title:	( ) Change ( ) Addition
Name:	FUNES, LILIANA	Name:	
Address:	20801 BISCAYNE BLVD.	Address:	
City-St-Zip:	AVENTURA, FL 331801423	City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: EDUARDO R. FUNES   MGR   01/10/2006
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date