

FROM :

MAR. 28, 2006 11:58AM

FAX NO. : 305 451-9337

Apr. 27 2006 12:08PM P1

NO. 713 P.1/2

07-29-2005 90082-001 P.1/2 \$5.00  
L98000000595**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

06 APR 27 PM 1:15

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

14019100

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                               |                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L98000000595</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                               |  |
| 1. Entity Name<br><b>EASTSIDE REALTY COMPANY, L.L.C.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               |                                                                                   |
| Principal Place of Business<br><b>161 BAHAMA AVENUE<br/>KEY LARGO FL 33037</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Mailing Address<br><b>161 BAHAMA AVENUE<br/>KEY LARGO FL 33037</b>            |                                                                                   |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                               |                                                                                   |
| 2. Name and Address of Current Registered Agent<br><b>KATZENELL HERMAN<br/>161 BAHAMA AVENUE<br/>KEY LARGO, FL 33037</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                             |
| 4. FEI Number<br><b>65-0847428</b><br>5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional<br/>Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                               |                                                                                   |
| 6. 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.<br>SIGNATURE _____ DATE _____<br><small>(Signature, typed or printed name of registered agent and use if applicable. (Typed) Registered Agent signature (Required when not a lawyer))</small>                                                                                                                                                                                                                                                                                                            |                                                                               |                                                                                   |
| Filing Fee is \$50.00<br>Due by September 7, 2006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                               |                                                                                   |
| <b>MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                               |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>MGR<br/>KATZENELL HERMAN<br/>161 BAHAMA AVENUE<br/>KEY LARGO, FL 33037</b> |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>MGR<br/>KATZENELL MARION<br/>161 BAHAMA AVENUE<br/>KEY LARGO, FL 33037</b> |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                         |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                               |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                               |                                                                                   |
| 11. I hereby certify that the information supplied with this form does not qualify for the exemption stated in Section 119.07(3)(X), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature and I have the legal right to effect as a managing member or manager of the limited liability company or the member or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.<br>SIGNATURE:  Date: <b>4/27/06</b> <b>305 394-9188</b><br><small>BOASTERS AND TYPES OR PRINTED NAME OF MEMBER MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE</small> |                                                                               |                                                                                   |

ATTN: Michelle

PLEASE CALL TO CONFIRM RECEIPT  
HERMAN KATZENELL  
305 451-2869