


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT-# L03000033605**


1. Entity Name  
 3305 HOLDING COMPANY, LLC



Principal Place of Business      Mailing Address

1401 PONCE DE LEON BLVD., STE. 200      1401 PONCE DE LEON BLVD., STE. 200  
 CORAL GABLES, FL 33134      CORAL GABLES, FL 33134

**DO NOT WRITE IN THIS SPACE**



07182006No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>80-0075389</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

LAW OFFICES OF CARRILLO & CARRILLO, P.A.  
 1401 PONCE DE LEON BLVD., STE. 200  
 CORAL GABLES, FL 33134

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by September 6, 2006**

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 07/25/06-80019-014 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REALASSIST, INC. 12915 SW 132 AVENUE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM INFINITY DEVELOPERS, INC. 8999G SW 133 CT MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARK E. REARDON, INC. 15790 SW 88TH AVE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** John S Micali      7/1/06      305 371 8459

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #