

FILED
May 27, 2008 8:00 am
Secretary of State

04-24-2008 90019 016 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000049044		
1. Entity Name 26 REALTY, LLC.		
Principal Place of Business 2999 NE 191 ST. PENTHOUSE #2 AVENTURA, FL 33180 US		Mailing Address 2999 NE 191 ST. PENTHOUSE #2 AVENTURA, FL 33180 US
DO NOT WRITE IN THIS SPACE		
		04072008 No Chg-LLC CR2E083 (12/07)
		4. FEI Number 20-0440547 Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent TOLEDANO, YIZHAK 2999 NE 191 STREET, PH #2 AVENTURA, FL 33180		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 renewing) DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YIZHAK, TOLEDANO 3300 GRIFFIN RD. DANIA BEACH, FL 33312	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TUKH, ALEX 3300 GRIFFIN RD. DANIA BEACH, FL 33312	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date <u>4/27/08</u> Daytime Phone # _____		