

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000005743
1. Entity Name
VIVA.COM REALTY BROKERAGE, LLC



Principal Place of Business 2701 OCEAN PARK BLVD SUITE 140 SANTA MONICA, CA 90405	Mailing Address 2701 OCEAN PARK BLVD SUITE 140 SANTA MONICA, CA 90405
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DO NOT WRITE IN THIS SPACE



02052004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 95-4740789	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

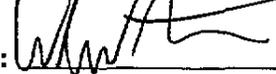
**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VIVA GROUP, INC 2701 OCEAN PARK BLVD, #140 SANTA MONICA, CA 90405
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TRUSTY, GUY 801 BRICKELL AVENUE, SUITE 943 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/23/04-80125-018 50.00

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11. I hereby certify that the information supplied with this filing does not qualify 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 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:  **2/5/04** **(310) 581-2774**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #