## 2005 LIMITED LIABILITY COMPANY

## FILED Jan 18, 2005 8:00 am

ANNOAL REPORT					Sacratary of Stata			
DOCUI 1. Entity Nam REAL ES			Secretary of State 01-18-2005 90186 028 ****50.00					
Principal Place of Business 15841 PINES BLVD. #224 PEMBROKE PINES, FL 33027		Mailing Address 15841 PINES BLVD. #224 PEMBROKE PINES, FL 33027		~vuu2623				
2. Principal Place of Business 2818 Hallywood Aud Suite, Apt. #, etc.		3. Mailing Address 2818 Hally wood Hud Suite, Apt. #, etc.		Q	01142005 Chg-LLC	CR2E083 (10/03)		
City & State Hollywood Mark PV		City & State Hollyword # PL		1_	4. FEI Number 65-1021423	No	plied For t Applicable	
zip 33(	SO Country US	2ip 33020	Country VS	•	5. Certificate of Status Desired	S5.00 Add Fee Required		
	6. Name and Address of Current F	<del></del>			7. Name and Address of New	Registered Agent		
BATISTA, GREGORIO 15841 PINES BLVD #224 PEMBROKE PINES, FL 33027			Street Address (P.O. Box Number is Not Acceptable)  2818 Hallywood Bud					
			City	اليآر	yward FC	- FL Zip Code	22/1	
8. The above named entity submissible flatement to the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered florida. I am familiar with, and accept the obligations of registered florida. I am familiar with, and accept the obligations of registered florida. I am familiar with, and accept the obligations of registered florida. I am familiar with, and accept the obligations of registered florida. I am familiar with, and accept florida. I am familiar with florida. I am familiar wit								
9.	MANAGING MEMBER	RS/MANAGERS	10.		ADDITION	S/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BATISTA, GREGORIO C/O 15841 PINES BLVD #224 PEMBROKE PINES, FL 33027 /	Delete  Carlotte	TITLE NAME STREET ADDRESS CITY+ST-ZIP	MG1 BA7 2813 161	RM FISTA GREEORIO B Hollywood Blud Hywrod PL 330LD	Change	☐ Addition	
TITLE NAME STREET ADDRESS, CITY-ST-ZIP		September 1	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  NAME -STREET ADDRESS -CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS* CITY*ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
11. I hereby of indicated limited lia	certify that the information supplied with on this report is true and accurate and thillty company or the receiver or trustee	this thing does not qualify for the hat my supplied establishme the	e exemption state	ed in Se	ction 119.07(3)(i), Florida Statutes nade under oath; that I am a man	s. I further certify that the ir aging member or manage	nformation r of the	

SIGNATURE: