2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000005726

1. Entity Name
T.Y.R.A. PROPERTIES, LLC

Principal Place of Business	Mailing Address
696 NE 125 ST MIAMI, FL 33161-5546	696 NE 125 ST MIAMI, FL 33161-5546

DO NOT WRITE IN THIS SPACE

04232007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
65-1095500	Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SILVER, SCOTT A
SILVER, GARVETT & HENKEL, P.A.
1110 BRICKELL AVE. - PH ONE
MIAMI, FL 33131

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 reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	P
NAME	IZHAK, VORAM
STREET ADDRESS	3279 NW 36 STREET
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	VP
NAME	CABRERIZO, TOM
STREET ADDRESS	3279 NW 36 STREET
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000734771
05/10/07-80007-005 50.00

DO NOT WRITE IN THIS SPACE

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: _____   4/11/07.

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