2005 LIMITED LIABILITY COMPANY ANNUAL REPORT			FILED Apr 29, 2005 8:00 am Secretary of State
1. Entity Narr	MENT # L01000009161 re real estate, llc		04-29-2005 90038 025 ***150.00
Principal Place of Business Mailing Address 111 SECOND AVENUE NORTHEAST, STE. 1401 111 SECOND AVENUE NORTHEAST, STE. 1401 ST. PETERSBURG, FL 33701 ST. PETERSBURG, FL 33701			
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent			04272005 No Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For 03-0417587 Not Applicable 5. Certificate of Status Desired \$5.00 Additional Fee Required Fee Required
SOCKOL, DAVID 111 SECOND AVE NE ., STE 1401 SAINT PETERSBURG, FL 33701			DO NOT WRITE IN THIS SPACE
 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, 2005			
9.	MANAGING MEMBERS/MANAGERS	1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOCKOL, DAVID J 111 SECOND AVENUE NORTHEAST ST. PETERSBURG, FL 33701		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 4 77 05 5200 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OF AUTHORIZED REPRESENTATIVE Data Data Dayling Proce #			