


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

| | |
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| DOCUMENT # L01000015574 |  |
| 1. Entity Name S.T. REAL ESTATE INVESTMENTS, LLC | |

| | |
|---|---|
| Principal Place of Business 6300 NW 72 AVE. MIAMI, FL 33166 | Mailing Address 6300 NW 72 AVE. MIAMI, FL 33166 |
|---|---|

DO NOT WRITE IN THIS SPACE



04162004 No Chg-LLC CR2E083 (10/03)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 65-1136957 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

BRYN, USHERA ESQ.
 2999 NE 191 STREET
 PENTHOUSE SIX
 AVENTURA, FL 33180

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

U00000123056
 04/21/04-80056-006 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM SHECHTER, YEHUDA 290 174 STREET SUNNY ISLES BEACH, FL 33160 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| 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 exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.

SIGNATURE: *[Signature]* **4-19-04**

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