2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 20, 2005 08:00 AM Secretary of State DOCUMENT # L01000015574 1. Entity Name S.T. REAL ESTATE INVESTMENTS, LLC Principal Place of Business Mailing Address 6300 NW 72 AVE. 6300 NW 72 AVE. MIAMI, FL 33166 MIAMI, FL 33166 CR2E083 (10/03) 05172005No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1136957 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRYN, USHERA ESQ. DO NOT WRITE 2999 NE 191 STREET PENTHOUSE SIX IN THIS SPACE AVENTURA, FL 33180 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, typed of printed name of registered agent and this it applicable DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 7, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE SHECHTER, YEHUDA 290 174 STREET STREET ADDRESS CITY - ST-ZIP SUNNY ISLES BEACH, FL 33160 U00000367737 05/20/05-80003-011 50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TOLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 D7(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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED KAME OF SKINING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

FILED