



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000018559 1. Entity Name F & J REAL ESTATE LLC						<div style="transform: rotate(-15deg); font-size: 24px; font-weight: bold;">FILED</div> <div style="transform: rotate(-15deg); font-size: 14px;">05 AUG -2 AM 10:42</div> <div style="transform: rotate(-15deg); font-size: 12px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 1390 BRICKELL AVE. SUITE 200 MIAMI, FL 33131				Mailing Address 1390 BRICKELL AVE. SUITE 200 MIAMI, FL 33131			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent ALVARO CASTILLO B., P.A. 1390 BRICKELL AVE. SUITE 200 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____			
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 _____ DATE 8-1-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>							
Filing Fee is \$50.00 Due by September 7, 2005				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARBIERI, MARIA VIRGINIA 1390 BRICKELL AVE. SUITE 200 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Hernan Lopez-Verde 1390 Brickell Avenue, Suite 200 Miami, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASTILLO, ALVARO 1390 BRICKELL AVE. SUITE 200 MIAMI, FL 33131 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____				Date 8-1-05 Daytime Phone # (305) 371-5540			