

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90583 041 *****50.00

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DOCUMENT # L01000018826

1. Entity Name
TRUST INVESTMENT REALTY, LLC



Principal Place of Business

17001 COLLINS AVE. #292
SUNNY ISLES BEACH FL 33021

Mailing Address

3440 HOLLYWOOD BLVD., SUITE 360
HOLLYWOOD FL 33021



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

901 South OCEAN Dr.
Suite, Apt. #, etc.

3. Mailing Address

321 JEFFERSON ST.
Suite, Apt. #, etc.
2nd Floor

City & State

Hollywood, FLA.
Zip

City & State

Hollywood, FLA.
Zip

4. FEI Number **22-3869430**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROTH, LEONARDO A ESQ
3440 HOLLYWOOD BLVD., SUITE 360
HOLLYWOOD FL 33021

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BRUZZONE, NATALIE
3440 HOLLYWOOD BLVD., STE. 360
HOLLYWOOD FL 33021 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GROSSKOPF, MANUEL
3440 HOLLYWOOD BLVD., STE. 360
HOLLYWOOD FL 33021 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SAAL, JOSE NORBERTO
3440 HOLLYWOOD BLVD., STE. 360
HOLLYWOOD FL 33021 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

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STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change 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: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____

CR2E083 (10/02)