

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90147 005 \*\*\*\*50.00

60025720



<b>DOCUMENT # L01000021773</b> 1. Entity Name CONDOTEL REALTY HOLDINGS, LLC																									
Principal Place of Business 185 S.E. 14TH TERRACE MIAMI, FL 33131			Mailing Address 185 S.E. 14TH TERRACE MIAMI, FL 33131																						
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.																						
City & State  Zip			City & State  Zip																						
Country			Country																						
4. FEI Number 01-0558434			Applied For <input type="checkbox"/> Not Applicable																						
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required																						
6. Name and Address of Current Registered Agent  GOMEZ, LILIA A 707 EAST 9 STREET HIALEAH, FL 33010			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City																						
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 <u>X</u> <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 May 1, 2007			Make check payable to Florida Department of State																						
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY - ST - ZIP</td> <td style="width:10%; text-align: center;"> <input checked="" type="checkbox"/> Delete         </td> </tr> <tr> <td></td> <td>P VILLA, RAFAEL O</td> <td>185 SE 14 TERR</td> <td>MIAMI, FL 33131</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete		P VILLA, RAFAEL O	185 SE 14 TERR	MIAMI, FL 33131		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY - ST - ZIP</td> <td style="width:10%; text-align: center;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         </td> </tr> <tr> <td></td> <td>P VILLA, RAUL</td> <td>185 SE 14 TERR # 102</td> <td>MIAMI, FL 33131</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		P VILLA, RAUL	185 SE 14 TERR # 102	MIAMI, FL 33131	
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	P VILLA, RAUL	185 SE 14 TERR # 102	MIAMI, FL 33131																						
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>X</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																						
Date 3/14/07			Daytime Phone # 305 322 1188																						