


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90167 001 ***100.00

DOCUMENT # L02000005984		
1. Entity Name SOUTHERN REALTY & INVESTMENT OF SOUTH FLORIDA, LLC		
Principal Place of Business 3308 NE 32 STREET FT. LAUDERDALE FL 33308		Mailing Address 3308 NE 32 STREET FT. LAUDERDALE FL 33308
2. Principal Place of Business 3307 NE 32 street	3. Mailing Address 3307 NE 32 street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State FL. Lauderdale, FL.	City & State FL. Lauderdale, FL.	
Zip 33308	Country USA	4. FEI Number 41-2031212
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required	



1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent DELUCA, GARY 3308 NE 32ND ST FORT LAUDERDALE FL 33308		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3307 NE 32 street City FL Lauderdale FL Zip Code 33308	
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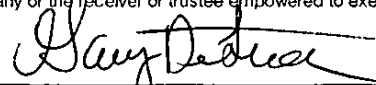
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DELUCA, GARY 21 FORT ROYAL ISLE FORT LAUDERDALE FL 33308 <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:  **2/16/05 954 567 3477**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #