2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Secretary of State DOCUMENT # L02000005984 02-21-2006 90180 039 ****50.00 1. Entity Name SOUTHERN REALTY & INVESTMENT OF SOUTH FLORIDA, LLC Principal Place of Business Mailing Address 3327 NE 32 STREET FT. LAUDERDALE FL 33308 3327 NE 32 STREET FT. LAUDERDALE FL 33308 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) 4. FEI Number Applied For City & State City & State 41-2031212 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DELUCA, GARY 3327 NE 32ND ST Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33308 City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGRM TITLE Change ☐ Addition NAME DELUCA, GARY NAME 27FORT ROYAL ISLE 340 Sunset Drive #1511 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 93308 PL. Laud. P. 33301 CITY-ST-ZIP CITY-ST-7/P ☐ Delete TILE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition nne NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 gustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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SIGNATURE:

FILED

Feb 21, 2006 8:00 am

10/06 954.5604888