2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

05-28-2004 90287 001 ****50.00 **DOCUMENT # L02000006186** 1. Entity Name I.E.Y. REAL ESTATE INVESTMENTS, L.L.C. 24077409 Principal Place of Business Mailing Address 4390 NORTH UNIVERSITY DRIVE 4300-NORTH UNIVERSITY DRIVE STE F200> LAUDERHILL, PL 33351 LAUDERHILL, EL 33351 2. Principal Place of Business LEY REAL STATE WUSTNESS 3 3. Mailing Address IDM Management, inc. 05262004 C/0 IDM Management, inc. CR2E083 (10/03) 11308 E. Hallandale Beach Blyd. Civ & State Hallandale, FL 33009 03-0416 1130B.E. Hallandale Beach Blvd. Applied For 03-0416523 <u> Haliandale, FL 33009</u> Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROBERTS, NORMÄN Street Address (P.O. Box Number is Not Acceptable) 50 WEST MASHTA DRIVE KEY BISCAYNE, FL 33149 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating DATE Filing Fee is \$50.00 Due by September 8, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. Delete TITLE ☐ Change ☐ Addition TITLE MORRM, JLANA NAME NAME 10837 CHANSTON DR COOPER CITY, FL 33026 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MGRM** ☐ Delete TITLE Change ☐ Addition TITLE ZMORA, ERAN NAME NAME 801 SW 89TH TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLATATION, FL 33324 CITY-ST-ZIP MURM Delete ☐ Addition TITI F ☐ Chance TITLE IlanaMorrow NAME NAME STREET ADDRESS STREET ADDRESS IDM Management, Inc. CITY-ST-ZIP CITY-S 1130B E. Hallandale Beach Blydete ☐ Addition TITLE ☐ Change NAME NAME Hallandale, FL 33009 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP СЛY-ST-ZIP Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP subplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 over or trustee impowered to execute this report as required by Chapter 608, Florida Statutes. I hereby certify that the informal indicated on this report is true limited liability company or the li

FILED May 28, 2004 8:00 am Secretary of State