


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-20-2007 90144 044 \*\*\*\*50.00

<b>DOCUMENT # L02000008258</b> 1. Entity Name 205 REALTY CO., L.L.C.	
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Principal Place of Business P.O. BOX 8552 CORAL SPRINGS, FL 33075	Mailing Address P.O. BOX 8552 CORAL SPRINGS, FL 33075
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2. Principal Place of Business - No P.O. Box # <b>4996 W ATLANTIC BLVD</b>	3. Mailing Address Suite, Apt. #, etc.
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City & State <b>MARGATE, FL</b>	City & State Suite, Apt. #, etc.	4. FEI Number 14-1866742	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33063</b>	Country <b>USA</b>	Zip Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  PETER J SCHWEITZER & ASSOCIATES 4996 W. ATLANTIC BLVD. MARGATE, FL 33063	7. Name and Address of New Registered Agent Name <b>SETH E ELLIS, PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>2385 EXECUTIVE CENTER DRIVE</b> <b>SUITE 190</b> City <b>BOCA RATON, FL</b> Zip Code <b>33431</b>
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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.

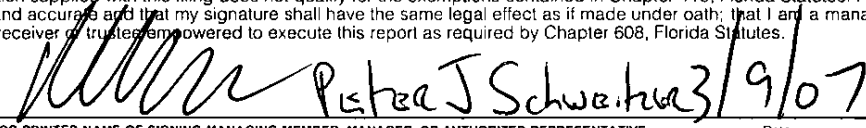
SIGNATURE:  DATE: **2/21/07**

(NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHWEITZER, PETER J P.O. BOX 8552 CORAL SPRINGS, FL 33075	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **Peter J Schweitzer** 3/9/07 9549720322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #