#### 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000012468

1. Entity Name LOTUS REAL ESTATE, LLC

Principal Place of Business

804 OCEAN DR 2ND FLOOR MIAMI BEACH, FL 33139 Mailing Address

804 OCEAN DR 2ND FLOOR MIAMI BEACH, FL 33139

### FILED Apr 11, 2007 8:00 am Secretary of State

04-11-2007 90153 028 \*\*\*\*55.00

VVV



01032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 04-3646893 Applied For Not Applicable

5. Certificate of Status Desired

 $\mathbb{X}$ 

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVINSON, EDWARD E 407 LINCOLN ROAD, PH-SE MIAMI BEACH, FL 33139

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<ol><li>The above named entity submits this statement for the purpose of the obligations of registered agent.</li></ol>	of changing its registered office or registered agent, or both, in the State of f	Florida. I am familiar with, and accept
SIGNATURE	(NOTE: Registered Agent sonature required when reinstating)	DATE

#### Filing Fee Is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	GOLDMAN, CHARLES J
STREET ADDRESS	804 OCEAN DR 2ND FLOOR
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	MGRM
NAME	GOLDMAN, ANTHONY R
STREET ADDRESS	804 OCEAN DR 2ND FLOOR
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TOTAL	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZiP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME.	
STREET ADDRESS	
CITY-ST-ZIP	
11. I hereby	certify that the information supplied with this filing does not qualify for the ear

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Spril 6, 2004

(30s) 531-4411

Daytime Phone #