

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000017564

FILED  
Jul 13, 2004  
Secretary of State

Entity Name: 4775 REALTY, LLC

**Current Principal Place of Business:**

4775 N.W. 132 STREET  
OPA LOCKA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

4775 N.W. 132 STREET  
OPA LOCKA, FL 33054

**New Mailing Address:**

200 SOUTH BISCAYNE BOULEVARD  
4100  
MIAMI, FL 33131

FEI Number: 56-2343995

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATE INTERNATIONAL REGISTERED AGENT  
200 SOUTH BISCAYNE BLVD., SUITE 4100  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: PD ( ) Delete  
Name: DOSAL, MARAGARITA  
Address: 4775 NW 132 ST.  
City-St-Zip: MIAMI, FL 33054

Title: VP ( ) Delete  
Name: DOSAL, GEORGE  
Address: 4775 NW 79 PL.  
City-St-Zip: MIAMI, FL 33054

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DOSAL, MARAGARITA  
Address: 4775 NW 132 ST.  
City-St-Zip: MIAMI, FL 33054

Title: MGR (X) Change ( ) Addition  
Name: DOSAL, GEORGE  
Address: 4775 NW 79 PL.  
City-St-Zip: MIAMI, FL 33054

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MARGARITA DOSAL

MGR

07/13/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date