

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90042 041 *****55.00

DOCUMENT # L02000017564			
1. Entity Name 4775 REALTY, LLC			
Principal Place of Business 4775 N.W. 132 STREET OPA LOCKA, FL 33054		Mailing Address 200 SOUTH BISCAYNE BOULEVARD 4100 MIAMI, FL 33131	
2. Principal Place of Business		3. Mailing Address 100 SE 2nd Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Miami, FL	
Zip	Country	Zip	Country
		33131-2158	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATE INTERNATIONAL REGISTERED AGENT 200 SOUTH BISCAYNE BLVD., SUITE 4100 MIAMI, FL 33131		Name BIPC CORPORATE REGISTERED AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 100 SE 2nd Street 34th Floor City Miami FL Zip Code 33131	
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: <i>William R. Quinones</i> <i>Quinones</i> <i>Quinones</i> DATE: 4/21/05 <small>Signature of the individual registered agent or the individual who accepted when reinstating</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOSAL, MARAGARITA 4775 NW 132 ST. MIAMI, FL 33054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOSAL, GEORGE 4775 NW 79 PL. MIAMI, FL 33054 <input type="checkbox"/> Delete	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 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 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: <i>William R. Quinones</i>		eoo CFO . 4.21.05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	