


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

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| 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 | | 4. FEI Number 56-2343995 | |
| Zip | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |
| Zip 33131-2158 | | Country | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent CORPORATE INTERNATIONAL REGISTERED AGENT 200 SOUTH BISCAYNE BLVD., SUITE 4100 MIAMI, FL 33131 | | | 7. Name and Address of New Registered Agent 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 <u><i>[Signature]</i></u> BIPC CORPORATE REGISTERED AGENTS, INC. DATE <u>4/21/05</u> | | | | | |
| 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 | MGR DOSAL, GEORGE 4775 NW 79 PL. MIAMI, FL 33054 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DOSAL, GEORGE 4775 NW 79 PL. MIAMI, FL 33054 | <input type="checkbox"/> Delete | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DOSAL, GEORGE 4775 NW 79 PL. MIAMI, FL 33054 | <input type="checkbox"/> Delete | | | |
| 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: <u><i>[Signature]</i></u> COO CFO <u>4.21.05</u> | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |