

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024248

FILED
Feb 25, 2009
Secretary of State

Entity Name: PARCEL A REALTY, LLC

Current Principal Place of Business:

2533 SW 19 AVENUE
SUITE 400
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

2533 SW 19 AVENUE
SUITE 400
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 47-0915464 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OVADIA, SILVIA
2533 SW 19 AVENUE
SUITE 400
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

OVADIA, ALBERT
2533 SW 19 AVENUE
SUITE 400
COCONUT GROVE, FL 33133 US

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: ALBERT OVADIA

02/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VILLAR, PEDRO
Address: 2533 SW 19 AVENUE, SUITE 400
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR () Delete
Name: OVADIA, ALBERT
Address: 2533 SW 19 AVENUE, SUITE 400
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: OVADIA, ALBERT
Address: 2533 SW 19 AVENUE, SUITE 400
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR (X) Change () Addition
Name: VILLAR, SILVIA
Address: 2533 SW 19 AVENUE, SUITE 400
City-St-Zip: COCONUT GROVE, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ALBERT OVADIA

MGR

02/25/2009

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