

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025142

FILED
Apr 27, 2009
Secretary of State

Entity Name: SOUTH BAY REALTY GROUP, L.L.C.

Current Principal Place of Business:

50 W MASHTA DR STE 2
KEY BISCAYNE, FL 33149

New Principal Place of Business:

50 W MASHTA DR.
SUITE # 2
KEY BISCAYNE, FL 33149

Current Mailing Address:

50 W MASHTA DR STE 2
KEY BISCAYNE, FL 33149

New Mailing Address:

50 W MASHTA DR
SUITE # 2
KEY BISCAYNE, FL 33149

FEI Number: 02-0647345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORTES, ROBERTO
50 W MASHTA DR
STE 2
KEY BISCAYNE, FL 33149 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/MANAGERS:

Title: P () Delete
Name: CORTES, ROBERTO
Address: 50 W MASHTA DR #2
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VP () Delete
Name: COLE, WILLIAM H JR
Address: 616 FERNWOOD RD KEY
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VP () Delete
Name: CALERO, ROSA I
Address: 3 COCONUT LANE
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERTO CORTES

P

04/27/2009

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