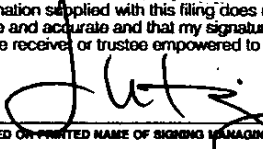


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90081 010 ****55.00

DOCUMENT # L03000000543 1. Entity Name REALCAP ASSOCIATES, LLC					
Principal Place of Business 2255 GLADES ROAD SUITE 324A BOCA RATON, FL 33433			Mailing Address 23120 L'ERMITAGE CIRCLE BOCA RATON, FL 33433		
2. Principal Place of Business 2255 GLADES ROAD Suite, Apt. #, etc. SUITE 324A City & State BOCA RATON, FL Zip 33431		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country USA			
01242005 Chg-LLC CR2E083 (10/03)		4. FEI Number 37-1453828		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent JAROSZEWICZ, JAN M 23120 L'ERMITAGE CIRCLE BOCA RATON, FL 33433	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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	MGRM JAROSEWICZ, JAN M 12120 LERMITAGE CIRCLE BOCA RATON, FL 33433	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER 23120 L'ERMITAGE CIRCLE
☐ Change ☐ Addition		☐ Change ☐ Addition		☐ Change ☐ Addition	
☐ Change ☐ Addition		☐ Change ☐ Addition		☐ Change ☐ Addition	
☐ Change ☐ Addition		☐ Change ☐ Addition		☐ Change ☐ Addition	
☐ Change ☐ Addition		☐ Change ☐ Addition		☐ Change ☐ Addition	
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: 			1/24/05 (561) 988-8499		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					