2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000001876

1. Entity Name
WISE REALTY LLC

Principal Place of Business	Mailing Address
605 WATERFORD CIRCLE EAST TARPON SPRINGS, FL 34688	605 WATERFORD CIRCLE EAST TARPON SPRINGS, FL 34688

DO NOT WRITE IN THIS SPACE

05042005No Chg-LLC CR2E083 (10/03)

4. FEI Number
02-0717475

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, SHARON
605 WATERFORD CIRCLE EAST
TARPON SPRINGS, FL 34688

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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 September 7, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	ELIYAHU, ITZHAK
STREET ADDRESS	9249 NAGLE AVENUE
CITY-ST-ZIP	MORTON GROVE, IL 60053
TITLE	MGRM
NAME	WRIGHT, SHARON
STREET ADDRESS	846 WEST BITTERSWEET PLACE #5
CITY-ST-ZIP	CHICAGO, IL 60613
TITLE	MGRM
NAME	WRIGHT, ROBERT E
STREET ADDRESS	605 WATERFORD CIRCLE EAST
CITY-ST-ZIP	TARPON SPRINGS, FL 34688
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

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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: Robert E. Wright 5-4-05 727-942-4349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #