2005 LIMITED LIABILITY COMPANY

FILED **ANNUAL REPORT** Feb 22, 2005 08:00 AM **DOCUMENT # L03000002887 Secretary of State** 1. Entity Name BRAZILIAN REALTY TRUST LLC Principal Place of Business Mailing Address 235 SOUTH COUNTY HO/D, SUITE 209 235 SOUTH COUNTY HOAD, STEEL 201 **PALM DEACH, FL. 334** MUMBERIEL FL 3340 CR2E083 (10/03) 02112005No Chg-LLC DO NOT WRITE IN THIS SPACE Applied Fo 4. FEI Number 42-1572166 Not Applic \$5.00 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent WAXMAN, MARK Z DO NOT WRITE 235 SOUTH COUNTY ROAD, SUITE 209 PALM BEACH, FL 33480 IN THIS SPACE 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 acc the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered spent and title if applicable (NOTE Registered Agent stoneture required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS **5**. MGRM TITLE WAXMAN, MARK Z NAME STREET ADDRESS 235 SO. COUNTY RD. (210) PALM BEACH, FL 33480 CITY-ST-ZIP HUQU00233080 %/%2/05-80028-012 Sn.m TITLE NAME STREET ADDRESS CITY-ST-ZIP mle NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP IN THIS SPACE Till NAME STREET ADDRESS OTY-ST-ZIP

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 informational indicated on this report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am a managing member or manager of the limited ligibility company or the regular or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

TULE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Negr, Hember

501-654-2919