2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2005
Secretary of State

DOCUMENT# L03000004410

Entity Name: ALMERIA REALTY, LLC

Current Principal Place of Business:

65 ALMERIA AVENUE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

4801 SW 76 STREET
MIAMI, FL 33143

New Mailing Address:

FEI Number: 51-0448536 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORNARIS, MARTHA D ESQ.
% FORNARIS ASSOCIATES
3301 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

FORNARIS, MARTHA D ESQ.
% FORNARIS & ASSOCIATES
65 ALMERIA AVENUE
CORAL GABLES, FL 33134 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: MARTHA D. FORNARIS 01/18/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: HERNANDEZ, LUIS F MR
Address: 4801 SW 76 STREET
City-St-Zip: MIAMI, FL 33143 US

Title: MGRM ( ) Delete
Name: FORNARIS, MARTHA D MRS
Address: 3301 PONCE DE LEON BLVD #220
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: FORNARIS, MARTHA D MRS
Address: 65 ALMERIA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LUIS F. HERNANDEZ MGRM 01/18/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date