

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000005716

FILED
Sep 11, 2005
Secretary of State

Entity Name: THE REAL ESTATE LTD. CO.

Current Principal Place of Business:

900 NE 125TH ST
SUITE 216
NORTH MIAMI, FL 33161 US

New Principal Place of Business:

11540 SW 148TH CT
MIAMI, FL 33196 US

Current Mailing Address:

900 NE 125TH ST
SUITE 216
NORTH MIAMI, FL 33161 US

New Mailing Address:

11540 SW 148TH CT
MIAMI, FL 33196 US

FEI Number: 41-2079618 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DORE-BERNHARD, MARIO MGR
900 NE 125TH ST
SUITE 216
NORTH MIAMI, FL 33160 US

Name and Address of New Registered Agent:

DORE-BERNHARD, MARIO MGRM
11540 SW 148TH CT
MIAMI, FL 33196 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: MARIO DORE-BERNHARD

09/11/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DORE-BERNHARD, MARIO
Address: 900 NE 125TH ST, SUITE 216
City-St-Zip: NORTH MIAMI, FL 33160 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DORE-BERNHARD, MARIO
Address: 11540 SW 148TH CT
City-St-Zip: MIAMI, FL 33196 US

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: MARIO DORE-BERNHARD

MGRM

09/11/2005

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