. ≥ 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 02, 2005 08:00 AM Secretary of State

1. Entity Nan	MENT # L0300008 DE UNNER REAL ESTATE, LL				Jeur J	orstate
Principal Place 908 OAK WO C/O PAUL M LARGO, FL	. VAZQUEZ	Mailing Address 908 OAK WOOD DRIVE C/O PAUL M. VAZQUEZ EARGO, FL 34640				
DO NOT WRITE IN THIS SPA			CE	04292005 No Chg-LLC CR2EC83 (10/03)		
	O NOI WHILL	. III THIS SPA	CE	4. FEI Number 81-0607685		Applied For Not Applicable
				5. Certificate of Status Desired		\$5.00 Additional Fee Required
	6. Name and Address of Current	Registered Agent	1			· · · · · · · · · · · · · · · · · · ·
RAYMOND, J. PAUL 625 COURT STREET SUITE 200 CLEARWATER, FL 33756			DO NOT WRITE: IN THIS SPACE			
8. The above the obligate SIGNATURE.	named entity submits this statement to tions of registered agenty Signature, typedig printed name of registered agent		ed office or register		orida. I a	
Fi	iling Fee is \$50.00 ue by May 1, 2005					
9. HITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRM VAZQUEZ, PAUL M 908 OAK WOOD DRIVE LARGO, FL 34640	RS/MANAGERS				
TITLE NAME STREET ADDRESS CITY ST-ZIP				U001 05/04/()0035)5-80(7833 089-021 50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP				DO NOT W		
TITLE				IN THIS SE	$2\Delta C$	F'

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further cert fy 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP

LITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TYP-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

04-29.05

D: ytime Phone #