

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012091

**FILED**  
**Mar 19, 2009**  
**Secretary of State**

**Entity Name:** DOLORES M. LONGO REALTY, LLC

**Current Principal Place of Business:**

1570 MADRUGA AVENUE  
SUITE 310  
CORAL GABLES,, FL 33146

**New Principal Place of Business:**

7220 SW 57TH AVENUE  
SOUTH MIAMI, FL 33143 53

**Current Mailing Address:**

1570 MADRUGA AVENUE  
SUITE 310  
CORAL GABLES,, FL 33146

**New Mailing Address:**

7220 SW 57TH AVENUE  
SOUTH MIAMI, FL 33143 53

**FEI Number:** 54-2103853

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LONGO, DOLORES M  
1570 MADRUGA AVENUE  
SUITE 310  
CORAL GABLES, FL 33146 US

**Name and Address of New Registered Agent:**

LONGO, DOLORES M  
7220 SW 57TH AVENUE  
SOUTH MIAMI, FL 33143-531 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: \_\_\_\_\_

03/19/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LONGO, DOLORES M  
Address: 1570 MADRUGA AVENUE, SUITE #310  
City-St-Zip: CORAL GABLES, FL 33146

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LONGO, DOLORES M  
Address: 7220 SW 57TH AVENUE  
City-St-Zip: SOUTH MIAMI, FL 33143 53

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DOLORES M. LONGO

MGRM

03/19/2009

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