

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016165

Entity Name: GOD FIRST REALTIES LLC

FILED
Jan 29, 2009
Secretary of State

Current Principal Place of Business:

15391 NE 21ST AVE
NORTH MIAMI BEACH, FL 33162 US

New Principal Place of Business:

20529 NW 12TH CT
MIAMI, FL 33169 US

Current Mailing Address:

P.O. BOX 680458
MIAMI, FL 33168

New Mailing Address:

FEI Number: 41-2093601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUETTAN, HIMMLER A
15391 NE 21ST AVE
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

QUETTAN, HIMMLER A
20529 NW 12TH CT
MIAMI, FL 33169 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: HIMMLER A QUETTAN

01/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: QUETTAN, HIMMLER A
Address: 15391 NE 21ST AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33169 US

Title: MGR () Delete
Name: QUETTAN, FRANTZ
Address: 15391 NE 21ST AVE
City-St-Zip: MIAMI GARDENS, FL 33162

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: QUETTAN, HIMMLER A
Address: 20529 NW 12TH CT
City-St-Zip: MIAMI, FL 33169 US

Title: MGR (X) Change () Addition
Name: QUETTAN, FRANTZ
Address: 1195 NW 122 ST
City-St-Zip: MIAMI, FL 33168

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: HIMMLER A QUETTAN

PRES

01/29/2009

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