

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020311

FILED
Feb 18, 2004
Secretary of State

Entity Name: REAL TRUST, L.L.C.

Current Principal Place of Business:

820 NE 16 PLACE
FORT LAUDERDALE, FL 33305 US

New Principal Place of Business:

Current Mailing Address:

820 NE 16 PLACE
FORT LAUDERDALE, FL 33305 US

New Mailing Address:

FEI Number: 90-0131281

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEINBERG, JEFFREY ESQ
4000 HOLLYWOOD BLVD.,
STE. 350-N
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: PICCOLO, EVE PARTNER
Address: 820 NE 16 PLACE
City-St-Zip: FORT LAUDERDALE, FL 33305 US

Title: MGRM () Delete
Name: MAYAN, HAIM PARTNER
Address: 1152 NW 30TH COURT, APT. 113
City-St-Zip: WILTON MANORS, FL 33311 US

Title: MGRM (X) Delete
Name: BEN HAYOUN, ERAD PARTNER
Address: 43 MENUHA VE NAHALA
City-St-Zip: REHOVOT, ISRAEL, . IL

ADDITIONS/CHANGES:

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

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

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

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: EVE PICCOLO

MGRM

02/18/2004

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