

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025973

FILED  
Jun 30, 2005  
Secretary of State

Entity Name: SULIN REALTY, LLC

**Current Principal Place of Business:**

4500 BISCAYNE BLVD. STE. 360  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

4500 BISCAYNE BLVD. STE. 360  
MIAMI, FL 33137

**New Mailing Address:**

FEI Number: 51-0475643      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

BRUSTMAN, SUSAN  
4500 BISCAYNE BLVD. STE. 360  
MIAMI, FL 33137      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/MANAGERS:**

Title: MGR      ( ) Delete  
Name: BRUSTMAN, SUSAN  
Address: 6039 COLLINS AVE APT. 1029  
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGR      ( ) Delete  
Name: JANOW, LINDA  
Address: 16 DEER MEADOW DRIVE  
City-St-Zip: WEST NYACK, NY 10994

**ADDITIONS/CHANGES:**

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: LINDA JANOW

MGR

06/30/2005

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