2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 26, 2005 8:00 am Secretary of State **DOCUMENT # L03000030942** 04-26-2005 90009 034 ****50.00 INFINITY REALTY, LLC Principal Place of Business Mailing Address 2419 E COMMERCIAL BLVD, STE 100 2419 E COMMERCIAL BLVD, STE 100 20047217 FORT LAUDERDALE, FL 33308 FORT LAUDERDALE, FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03282005 Chg-LLC CR2E083 (10/03) 56上生 305 Applied For City & State 4. FEI Number City & State 20-0183883 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WASSERSTROM, ELLEN Street Address (P.O. Box Number is Not Acceptable) 100 W. CYPRESS CREEK RD, STE 700 FORT LAUDERDALE, FL 33309 City Zip Code 8. 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGR TITLE ☐ Change Addition TITLE ☐ Delete FELICE, ROBERT NAME STREET ADDRESS 2419 E COMMERCIAL BLVD, STE 121 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33308 CITY-ST-ZIP MGR ☐ Channe ☐ Addition ☐ Delete TITLE LAMBERT DANIEL NAME STREET ADDRESS STREET ADDRESS 2419 E COMMERCIAL BLVD STE 100 CITY-ST-ZIP FORT LAUDERDALE, FL 33308 City-St-Zip MGR Change ☐ Addition TITLE Delete TITLE VERRILLO, JAMES NAME STREET ADDRESS 2419 E COMMERCIAL BLVD STE 100 STREET ADDRESS FORT LAUDERDALE, FL 33308 CITY-ST-ZIP CITY - ST- ZIP ☐ Change ☐ Addition MGR Delete TITLE TITLE HEYDEN, CHRISTINA NAME NAME 2419 E-COMMERCIAL BLVD-STE-100~ -STREET ADDRESS. STREET ADDRESS FORT LAUDERDALE, FL 33308 CITY-ST-ZIP

th this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the effect of the endowered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information supplied indicated on this report is true and accurate and that must be step empt. limited liability company or the re

TITLE NAME

TITLE

NAME

STREET ADDRESS CITY-ST-7IP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PI

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE NAME

LANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

☐ Delete

Change

☐ Change

☐ Addition

☐ Addition

FILED