

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000034542**

1. Entity Name  
**REIA L.L.C.**



Principal Place of Business  
**407 LINCOLN RD., STE. 2A  
MIAMI BEACH, FL 33139**

Mailing Address  
**407 LINCOLN RD., STE. 2A  
MIAMI BEACH, FL 33139**



04112006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**37-1474944**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**STRATTON, DOUGLAS D ESQ  
407 LINCOLN RD., STE. 2A  
MIAMI BEACH, FL 33139**

**DO NOT WRITE  
IN THIS SPACE**

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 the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

|                                                    |                                                                            |
|----------------------------------------------------|----------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>BARKY, ROMAN<br>152 WITHERSPOO ST<br>PRINCETON, NJ 08542            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>BARKY, EMMA<br>152 WITHERSPOON ST<br>PRINCETON, NJ 08542            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>RALI INVESTMENTS, LTD.<br>152 WITHERSPOON ST<br>PRINCETON, NJ 08542 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>RALI INVESTMENTS LLC<br>152 WITHERSPOON ST<br>PRINCETON, NJ 08542   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                            |

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04/29/06-80238-002 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/14/06  
Date

Daytime Phone # \_\_\_\_\_