## 2005 LIMITED LIABILITY COMPANY

## ANNUAL REPORT

DOCUMENT # L-93000039445 1. Entity Name REAL CALIDA ESTATES, LLC

**FILED** Apr 30, 2005 08:00 AM Secretary of State

Principal Place of Business

2588 SW 27TH AVE MIAMI, FL 33133

Mailing Address

2588 SW 27TH AVE MIAMI, FL 33133



04272005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN

4. FEI Number 20-0304583

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CONSULTING SERVICES OF S. FLORIDA, INC. 2588 SW 27TH AVE MIAMI, FL 33133

## 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.

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SIGNATURE.

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

(NOTE, Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

ARMACING MEMPERS ANAMACEDS		
9.	MĀNAGING MEMBĒRS/MANAGERS	The state of the s
TITLE	MGRM	
NAME	DE WAULF AND HANSSEN CAPITAL MANAGEMENT	<u> </u>
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NAME	CENTURION MANAGEMENT SERVICES LIMITED	• · · · · · · · · · · · · · · · · · · ·
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NAME	ROGER, COOK	
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11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPES OF

NTEO NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE