

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L03000039445

1. Entity Name
REAL CALIDA ESTATES, LLC



Principal Place of Business
**2588 SW 27TH AVE
MIAMI, FL 33133**

Mailing Address
**2588 SW 27TH AVE
MIAMI, FL 33133**



04272005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DE WAULF AND HANSSEN CAPITAL MANAGEMENT
48 PAR LA VILLE ROAD SUITE 107
HAMILTON, BERMUDA, BM HM 11**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CENTURION MANAGEMENT SERVICES LIMITED
NERINE CHAMBERS, 5 COLOMBUS CENTRE
BRITISH VIRGIN ISLAND, BV BVI**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ROGER, COOK
2588 SW 27TH AVE
MIAMI, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04-27-05

786 265 8556