

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90157 012 ****50.00

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02122007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L03000039572 1. Entity Name TUNE REALTY, LLC					
Principal Place of Business 3531 GRIFFIN RD. FT LAUDERDALE, FL 33312			Mailing Address 3531 GRIFFIN RD. FT LAUDERDALE, FL 33312		
2. Principal Place of Business - No P.O. Box # 4470 SW 26 Ave		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DANIA FL		City & State			
Zip 33312		Country USA		Zip	
Country		4. FEI Number 20-0655084			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
-6. Name and Address of Current Registered Agent HAGEN AND HAGEN, P.A. 3531 GRIFFIN RD. FT LAUDERDALE, FL 33312			7. Name and Address of New Registered Agent Name CHARLES S. DALE, P.A. Street Address (P.O. Box Number is Not Acceptable) 414 N.E. FOURTH STREET City FT. LAUDERDALE FL Zip Code 33301		
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 <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE 2-13-07		
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KHACHATRYAN, SIRANUSH 3531 GRIFFIN RD FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 608, Florida Statutes.					
SIGNATURE:			DATE: 04/03/07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Daytime Phone #</small>		