

# **2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L03000050613

Entity Name: CITY ONE REALTY LLC

**FILED**  
**May 25, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

9290 HAMMOCKS BLVD. #405  
MIAMI, FL 33196

**New Principal Place of Business:**

**Current Mailing Address:**

9290 HAMMOCKS BLVD. #405  
MIAMI, FL 33196

**New Mailing Address:**

FEI Number: 03-0532223

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GAMEZ, NOELVIS  
9290 HAMMOCKS BLVD. #405  
MIAMI, FL 33196 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GAMES, NOELVIS  
Address: 9290 HAMMOCKS BLVD. #405  
City-St-Zip: MIAMI, FL 33196

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GAMEZ, NOELVIS  
Address: 9290 HAMMOCKS BLVD. #405  
City-St-Zip: MIAMI, FL 33196

Title: MEMB ( ) Change (X) Addition  
Name: ADAY, SILVIA  
Address: 9290 HAMMOCKS BLVD. #405  
City-St-Zip: MIAMI, FL 33196

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NOELVIS GAMEZ

MGRM

05/25/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date