2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
2004 FEB 11 PM 1:08
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L03000051455

1. Entity Name
FLORIDA EXCLUSIVE REALTY, LLC

Principal Place of Business	Mailing Address
16711 COLLINS AVE., #2201 SUNNY ISLES BEACH, FL 33160	16711 COLLINS AVE., #2201 SUNNY ISLES BEACH, FL 33160

02112004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
960 Arthur Godfrey Rd.		16850-12 Collins Ave.	
Suite, Apt. #, etc.: Ste. 402		Suite, Apt. #, etc.: Ste. 340	
City & State: Miami Beach, FL		City & State: Sunny Isles Beach, FL	
Zip: 33140	Country:	Zip: 33160	Country:

4. FEI Number: 20-047185 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BENSKY, SERGEY
16711 COLLINS AVE., #2201
SUNNY ISLES BEACH, FL 33160

7. Name and Address of New Registered Agent

Name: Capital Connection, Inc.
Street Address (P.O. Box Number is Not Acceptable): 417 E. Virginia St., Ste. 1
City: Tallahassee FL Zip Code: 32301

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: Lei Lani White 2/11/04
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, 2004

Make check payable to Florida Department of State.

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing/Member BENSKY, SERGEY 16711 COLLINS AVE., #2201 SUNNY ISLES BEACH, FL 33160 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500028698605 02/13/04--01017--016 **50.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: S Bensky 02-11-04 305-592-1531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #