

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000004088

FILED  
Jul 06, 2005  
Secretary of State

Entity Name: INGLETTO REALTY GROUP LLC

## Current Principal Place of Business:

1111 BRICKELL AVENUE,  
11 FLOOR  
MIAMI, FL 33131 US

## New Principal Place of Business:

142 SW 8TH ST  
MIAMI, FL 33130 US

## Current Mailing Address:

1111 BRICKELL AVENUE,  
11 FLOOR  
MIAMI, FL 33131 US

## New Mailing Address:

142 SW 8TH ST  
MIAMI, FL 33130 US

FEI Number: 20-0598943      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

ROBERTA INGLETTO PA  
1643 BRICKELL AVENUE  
2603  
MIAMI, FL 33129 US

## Name and Address of New Registered Agent:

ROBERTA INGLETTO PA  
142 SW 8TH ST  
MIAMI, FL 33130 US

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: ROBERTA INGLETTO

07/06/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: INGLETTO, ROBERTA  
Address: 1643 BRICKELL AVENUE, 2603  
City-St-Zip: MIAMI, FL 33129 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: INGLETTO, ROBERTA  
Address: 142 SW 8TH ST  
City-St-Zip: MIAMI, FL 33130 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERTA INGLETTO

MGRM

07/06/2005

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