
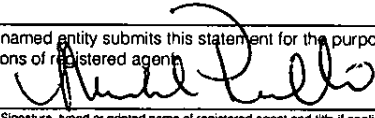
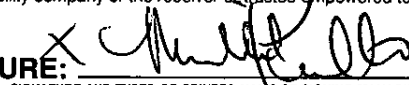


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90097 021 ****50.00

DOCUMENT # L04000015049			
1. Entity Name 7900 REALTY LLC			
Principal Place of Business 2301 N.W. 33RD COURT SUITE 114A POMPANO BEACH, FL 33069 US		Mailing Address 2301 N.W. 33RD COURT SUITE 114A POMPANO BEACH, FL 33069 US	
2. Principal Place of Business 7900 N. University Dr. Suite, Apt. #, etc. 202 City & State Tamarac, FL Zip 33321 Country USA		3. Mailing Address 7900 N. University Dr. Suite, Apt. #, etc. 202 City & State Tamarac, FL Zip 33321 Country USA	
		04122005 Chg-LLC CR2E083 (10/03)	
		4. FEI Number 20-0770978	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required -	
6. Name and Address of Current Registered Agent PERILLO, MICHAEL C 11899 WINGED FOOT TERRACE CORAL SPRINGS, FL 33071		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 		DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PERILLO, MICHAEL C 11899 WINGED FOOT TERRACE CORAL SPRINGS, FL 33017 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MONAGHAN, BRUCE A 11899 WINGED FOOT TERRACE CORAL SPRINGS, FL 33017 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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 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: 		4/19/05 954-753-8111	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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