

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000020074

Entity Name: 477 REALTY, LLC

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

10556 NW 26TH STREET
D 101
DORAL, FL 33172

New Principal Place of Business:

Current Mailing Address:

10556 NW 26TH STREET
D 101
DORAL, FL 33172

New Mailing Address:

10556 NW 26TH STREET
D 101
DORAL, FL 33172

FEI Number: 20-1035951

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CABANAS & ASSOCIATES, P.A.
10520 NW 26TH STREET
C 201
DORAL, FL 33172 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: PROFETA, CONSTANZA LINA
Address: 10556 NW 26TH STREET - STE. D 101
City-St-Zip: DORAL, FL 33172

Title: MGR (X) Delete
Name: SCATTOLINI, RICARDO
Address: 10556 NW 26 STREET, SUITE D101
City-St-Zip: DORAL, FL 33172

Title: MGR (X) Delete
Name: GERI, OSNAT
Address: 10556 NW 26 STREET, SUITE D101
City-St-Zip: DORAL, FL 33172

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CONSTANZA PROFETA

MGRM

04/29/2008

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