


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 25, 2005 8:00 am**  
**Secretary of State**

05-25-2005 90573 010 \*\*\*\*50.00

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<b>DOCUMENT # L04000021451</b>			
1. Entity Name <b>EST REAL ESTATE, LLC</b>			
Principal Place of Business <b>609 SEA PINE WAY, UNIT C-1 WEST PALM BEACH, FL 33415</b>		Mailing Address <b>609 SEA PINE WAY, UNIT C-1 WEST PALM BEACH, FL 33415</b>	
2. Principal Place of Business <b>P O Box 542535</b> Suite, Apt. #, etc.		3. Mailing Address <b>P O Box 542535</b> Suite, Apt. #, etc.	
City & State <b>Lake Worth, FL</b> Zip <b>33454</b> Country <b>USA</b>		City & State <b>Lake Worth, FL</b> Zip <b>33454</b> Country <b>USA</b>	
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>THOMAS, ELIJAH JR 609 SEA PINE WAY UNIT C-1 WEST PALM BEACH, FL 33415</b>		7. Name and Address of New Registered Agent Name <b>Thomas, Elijah Jr</b> Street Address (P.O. Box Number is Not Acceptable) <b>609 Sea Pine way Unit C-1</b> City <b>West Palm Beach</b> FL Zip Code <b>33415</b>	
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 <b>Elijah Thomas, Jr., Registered Agent</b> DATE <b>5/23/05</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)</small>			
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	MGR THOMAS, SHAWNTICE Z 609 SEA PINE WAY UNIT C-1 WEST PALM BEACH, FL 33415 <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 THOMAS, ANNIE E 900 SW AVE G PLACE BELLE GLADE, FL 33430 <input checked="" 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 CLAYTON, MARSHA D 14460 SW 152 CT MIAMI, FL 33196 <input checked="" 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
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
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: <b>Elijah Thomas, Jr.</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <b>5/23/05</b> (54)253-4854 <small>Daytime Phone #</small>	