


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90018 043 \*\*\*\*50.00

**DOCUMENT # L04000025736**

1. Entity Name  
**ITNEVA INVESTMENTS, LLC**



Principal Place of Business  
**C/O THE CORAL REALTY GROUP LLC  
 6400 CONGRESS AVENUE, SUITE 1750  
 BOCA RATON, FL 33487**


Mailing Address  
**C/O THE CORAL REALTY GROUP LLC  
 6400 CONGRESS AVENUE, SUITE 1750  
 BOCA RATON, FL 33487**

20056108

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



01132005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**20 - 2507876**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**NRAI SERVICES, INC.  
 526 E PARK AVENUE  
 TALLAHASSEE, FL 32301**

**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	<b>MEMBER</b> <b>MFA VII, LLC</b> <b>6400 CONGRESS AVE SUITE 1750</b> <b>BOCA RATON, FL 33487</b>	<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	<b>MEMBER</b> <b>TPA VII, LLC</b> <b>6400 CONGRESS AVE SUITE 1750</b> <b>BOCA RATON, FL 33487</b>	<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	<b>MEMBER</b> <b>HPAI LLC</b> <b>6400 CONGRESS AVE SUITE 1750</b> <b>BOCA RATON, FL 33487</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *[Signature]* v.p. 5-1-05-561-988-5450  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #