

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90309 032 \*\*\*\*50.00

**DOCUMENT # L04000031366**

1. Entity Name

FLORIDA REALTY ASSOCIATES, LLC



Principal Place of Business

4300 N. OCEAN BOULEVARD  
SUITE 2G  
FORT LAUDERDALE FL 33308  
US

Mailing Address

4300 N. OCEAN BOULEVARD  
SUITE 2G  
FORT LAUDERDALE FL 33308  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SACHS, JOSEPH W  
4300 N. OCEAN BLVD.  
SUITE 2G  
FORT LAUDERDALE FL 33308

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

*Joseph W. Sachs*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MGRM

SACHS, JOSEPH W  
4300 N. OCEAN BLVD. SUITE 2G  
FORT LAUDERDALE FL 33308

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Joseph W. Sachs*

SIGNATURE AND OTHER INFORMATION MUST BE OF LEGAL MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Print Name