## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## **FILED** Jan 27, 2006 08:00 AM Secretary of State DOCUMENT # L04000032946 1. Entity Name CONSOLIDATED REAL ESTATE INVESTMENT, LLC my think of the last that me Mailing Address Principal Place of Business Later Charles # 11239 NW 4 TERRACE 11239 NW 4 TERRACE MIAMI FL 33172 Àc. 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Applied For City & State City & State 4. FEI Number 86-1134054 Not Applicat Country Ζiρ Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIGUEZ, RAUL Street Address (P.O. Box Number is Not Acceptable) 300 SW 124 AVE MIAMI FL 33184 City 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. DATE Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. Change Anire TITLE ☐ Delete TITLE MGR NAME NAME RODRIGUEZ, RAUL STREET ADDRESS STREET ADDRESS 300 SW 124 AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33184 Articlisis ☐ Delete TITLE TITLE U00000404232 02/06/06-80038-020 50:00 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Chance Addis-HTLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addilia Delete TITLE ☐ Channe TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Chance □ Adjust TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP A Minima Delete TILE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.