

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000032946

1. Entity Name  
CONSOLIDATED REAL ESTATE INVESTMENT, LLC



Principal Place of Business  
11239 NW 4 TERRACE  
MIAMI, FL 33172

Mailing Address  
11239 NW 4 TERRACE  
MIAMI, FL 33172



01032008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
86-1134054

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

RODRIGUEZ, RAUL  
300 SW 124 AVE  
MIAMI, FL 33184

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000781885  
01/15/08-80052-010 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	RODRIGUEZ, RAUL
STREET ADDRESS	300 SW 124 AVE
CITY-ST-ZIP	MIAMI, FL 33184
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

01-11-08

Date

305-221-7411

Daytime Phone #