

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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| DOCUMENT # L04000033436 1. Entity Name GLOBAL TRUST REALTY, LLC | | | |
| Principal Place of Business 4921 SW 186TH AVE. SOUTHWEST RANCHES, FL 33332 | | Mailing Address 444 BRICKELL AVE., #51-443 MIAMI, FL 33131 | |
| 2. Principal Place of Business 2801 Horredon Blvd Suite 750 Coral Gables, FL 33134 | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | |
| 01212005 Chg-LLC CR2E083 (10/03) | | 4. FEI Number 20-1083420 Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | 6. Name and Address of Current Registered Agent SOTO, LAWRENCE 444 BRICKELL AVE., #51-443 MIAMI, FL 33131 | |
| 7. Name and Address of New Registered Agent Name Gisella Soto Street Address (P.O. Box Number is Not Acceptable) 444 Brickell Ave # 51-443 City Miami FL Zip Code 33131 | | 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 01-21-05 <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 SOTO, LAWRENCE 444 BRICKELL AVE., #51-443 MIAMI, FL 33131 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Gisella Soto 444 BRICKELL AVE # 51-443 Miami, FL 33131 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ALEMAN, LUIS 4921 SW 186TH AVE. SOUTHWEST RANCHES, FL 33332 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Miguel Rodriguez 13236 SW 111 Terrace # 2 Miami, FL 33186 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM THOMPSON, KARL 19380 COLLINS AVE., #310-B SUNNY ISLES, FL 33160 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 800045696-23 01/31/05--01032--001 ***50.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| 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: | | 01-21-05 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date Daytime Phone # | |