2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036355

RIFAI, RAMI

ORLANDO, FL 32837

9405 SOUTH ORANGE BLOSSOM TRAIL

Name:

Address:

City-St-Zip:

Entity Name: MAYA'S REAL ESTATE, LLC

FILED Aug 02, 2008 Secretary of State

Current Principal Place of Business:		New Principal	New Principal Place of Business:	
	ITH ORANGE BLOSSOM TRAIL D, FL 32837			
Current Mailing Address:		New Mailing A	New Mailing Address:	
	ITH ORANGE BLOSSOM TRAIL D, FL 32837			
In accordan	r: 20-1115639 FEI Number Applied For () nce with s. 607.193(2)(b), F.S., the limited liability con d Address of Current Registered Agent:	· ·		
1840 SW : 4TH FLOO				
	e named entity submits this statement for the p e of Florida.	ourpose of changing its req	gistered office or registered agent, or both	
SIGNATU	RE:			
Electronic Signature of Registered Ag		ent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGR () Delete RIFAI, RAMI 9405 SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32837	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR () Delete ALYO, IMAD 9405 SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32837	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR () Delete ALYO, IMAD 9405 SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32837	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	MGR () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Name:

Address:

City-St-Zip:

SIGNATURE: IMAD ALYO MGR 08/02/2008