2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 15, 2005 8:00 am Secretary of State

DOCUMENT # L0400046290 1. Entity Name GUZMAN REALTY GROUP, LLC							02-15-2005 9	90048 02	25 ****50	0.00	
Principal Plac 9530 ATLAN MIRAMA, FL	TIC STREET	s	Mailing Address 9530 ATLANTIC STREET MIRAMA, FL 33025			£ 100 (170) (2 	0010	776	111 (21)	
2. Principal P	lace of Busin	ness	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01312005	Chg-LLC	CR2E0	83 (10/03)		
City & State			City & State			4. FEI Numi	65-1226	922	<u> </u>	plied For Applicable	
Zip		Country	Zip	Coun	try	5. Certificat	e of Status Desired		\$5.00 Add Fee Required		
	6. Name	and Address of Curren	Registered Agent	Namia	7. Name and Address of New Registered Agent						
GUZMAN, ISMAEL E						Name					
9530 ATLANTIC STREET MIRAMA, FL 33025					Street Address (P.O. Box Number is Not Acceptable)						
·					City				Zip Code		
								FL			
	named entit ions of regis		or the purpose of changing its	register	ed office or reg	gistered agent, or b	oth, in the State of Flo	rida. I am f	amiliar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered agen	t and title if applicable. (NOT	E: Registere	d Agent signature re	equired when reinstating)		DATE			
Filing Fee is \$50.00 Due by May 1, 2005								e check pa Departmo	ayable to ent of State	•	
9.	······································	MANAGING MEMB	ERS/MANAGERS	MANAGERS 10.			ADDITIONS/	CHANGES			
TITLE NAME STREET ADDRESS CITY+ST-ZIP	9530 ATL	, ISMAEL E ANTIC STREET FL 33025	☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS	MGRM GUZMAN 9530 ATL	, CONCEPCION ANTIC STREET	☐ Delete	TITLI NAM STRE	E EET ADDRESS				☐ Change	Addition	
CITY-ST-ZIP TITLE	MIRAMA,	FL 33025	Delete	TITL	-ST-ZIP				☐ Change	☐ Addition	
NAME STREET ADDRESS CITY+ST-ZIP					E EET ADDRESS - ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		l l				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		•				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1				☐ Change	☐ Addilion	
11. I hereby of indicated limited lia	certify that th on this repo bility compa	e information supplied of rt is true and accurate an ny or the receive or trust	h this filing does not qualify for d that by signature shall have a empowered to execute this	or the exe the same report as	mption stated e legal effect a s required by (in Section 119.07(3 as if made under oat Chapter 608, Florida)(i), Florida Statutes. th; that I am a manag Statutes.	further cert ging membe	tify that the ir er or manage	nformation or of the	

D NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE