

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2005 8:00 am
Secretary of State

03-24-2005 90201 007 ****50.00

DOCUMENT # L04000048692 1. Entity Name LAN REALTY INVESTMENTS, LLC			
Principal Place of Business 621 NW 170 TERRACE PEMBROKE PINES, FL 33028		Mailing Address 621 NW 170 TERRACE PEMBROKE PINES, FL 33028	
2. Principal Place of Business 2600 Douglas Rd. Suite, Apt. #, etc. PH 6		3. Mailing Address 2600 Douglas Rd. Suite, Apt. #, etc. PH 6	
City & State Coral Gables, FL		City & State Coral Gables, FL	
Zip 33134		Zip 33134	
Country US		Country US	
4. FEI Number 20-1333760		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PADIAL, JOSE I 2600 DOUGLAS ROAD PH-6 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-instating) DATE _____			
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 ARAUJO, JUAN 621 NW 170 TERRACE PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			
Date		Daytime Phone #	

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