


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90036 030 \*\*\*138.75

**DOCUMENT # L04000057935**

1. Entity Name  
**NRT INVESTMENTS, LLC**



Principal Place of Business <b>1111 PARK CENTRE BLVD.          SUITE 450          MIAMI GARDENS, FL 33169</b>	Mailing Address <b>1111 PARK CENTRE BLVD.          SUITE 450          MIAMI GARDENS, FL 33169</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04142008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-1451425</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**SHOSHANI, NIR**  
**18425 NW 2ND AVENUE**  
**SUITE 350**  
**MIAMI GARDENS, FL 33169**

**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 reinstating) DATE \_\_\_\_\_

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

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHOSHANI, NIR <input type="checkbox"/> Delete 18425 NW 2ND AVENUE MIAMI GARDENS, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOTTESMAN, RON <input type="checkbox"/> Delete 18425 NW 2ND AVENUE MIAMI GARDENS, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESSES, TONY <input type="checkbox"/> Delete 1211 - 94TH STREET BAY HARBOR, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Shoshani, NIR 1111 Park Centre Blvd #450 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gottesman, Ron 1111 Park Centre Blvd #450 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Nir Shoshani Date: 4/28/08 305 625 0914

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