2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061349

Name:

Address:

City-St-Zip:

HORNBERGER, NORVIN

7555 NORTHWEST 19TH DRIVE

PEMBROKE PINES, FL 33024

Entity Name: NEXT STEP REAL ESTATE HOLDINGS, L.L.C.

FILED Jun 30, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 362 NORTHWEST SUNVIEW WAY PORT SAINT LUCIE, FL 34986 **Current Mailing Address: New Mailing Address:** 362 NORTHWEST SUNVIEW WAY PORT SAINT LUCIE, FL 34986 FEI Number: 65-1235471 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ELKINS, MICHAEL L ELKINS, MICHAEL L 100 SE THIRD AVE 200 EAST LAS OLAS BLVD **SUITE 2040** SUITE 1910 FT. LAUDERDALE, FL 33301 US FT. LAUDERDALE, FL 33394 US 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. SIGNATURE: 06/30/2005 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete Name: SHORE, MARK Name: Address: 10320 NORTHWEST 11TH COURT Address: City-St-Zip: PLANTATION, FL 33322 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: CM FINANCIAL, INC., Name: MICHAEL, BURKE Address: 14037 SOUTHWEST 125TH AVENUE Address: 14674 SW 132ND AVE City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33186 Title: MGRM () Delete Title: () Change () Addition R. WAYNE ASSOCIATES,, INC. Name: Name: Address: 362 NORTHWEST SUNVIEW WAY Address: City-St-Zip: PORT ST. LUCIE, FL 34986 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARK SHORE MGRM 06/30/2005