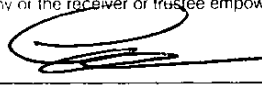


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90039 025 ***150.00

DOCUMENT # L04000064021					
1. Entity Name LONDON HOMES & REALTY LLC					
Principal Place of Business 26799 SOUTH DIXIE HIGHWAY MIAMI, FL 33032 <i>15160 SW 136st #10 Miami, FLA 33196</i>			Mailing Address 26799 SOUTH DIXIE HIGHWAY MIAMI, FL 33032 <i>15160 SW 136st #10 Miami, FLA 33196</i>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
State, Apt. #, etc.		Suite, Apt. #, etc.		01082008 Chg-LLC CR2E083 (12/06)	
City & State		City & State		4. FEI Number 14-1918748	
Zip		Zip		Country	
6. Name and Address of Current Registered Agent DIAZ, LUIS 26799 SOUTH DIXIE HIGHWAY MIAMI, FL 33032 <i>15160 SW 136st #10 Miami, FLA 33196</i>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FLZip 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reappointing) 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				10. ADDITIONS/CHANGES	
NAME P DIAZ, LUIS TITLE MEMBER STREET ADDRESS 26799 S. DIXIE HWY CITY-STATE-ZIP MIAMI, FL 33032	☐ Delete			TITLE P LUIS DIAZ NAME STREET ADDRESS 15160 SW 136st #10 CITY-STATE-ZIP Miami, FLA 33196	☒ Change ☐ Add
NAME TITLE STREET ADDRESS CITY-STATE-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
NAME TITLE STREET ADDRESS CITY-STATE-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
NAME TITLE STREET ADDRESS CITY-STATE-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
NAME TITLE STREET ADDRESS CITY-STATE-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
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:  President				Date: 1/9/08 786-256-3318	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					