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Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90039 025 ***150.00

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000064021

1. Entity Name
LONDON HOMES & REALTY LLC

60001002

Principal Place of Business	Mailing Address
~~26799 SOUTH DIXIE HIGHWAY~~	~~26799 SOUTH DIXIE HIGHWAY~~
~~MIAMI, FL 33032~~	~~MIAMI, FL 33032~~
15160 SW 136 st #10	15160 SW 136 st #10
Miami, Fla 33196	Miami, Fla 33196
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01082008 Chg-LLC CR2E083 (12/06)

4. FEI Number: 14-1918748 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, LUIS
~~26799 SOUTH DIXIE HIGHWAY~~
~~MIAMI, FL 33032~~
15160 SW 136 st #10
Miami, Fla 33196

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 ______ Signature, typed or printed name of registered agent and title if applicable (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		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DIAZ, LUIS ~~26799 S. DIXIE HWY~~ ~~MIAMI, FL 33032~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Luis Diaz 15160 SW 136 st #10 Miami, Fla 33196 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] President 1/9/08 786-256-3318

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #