

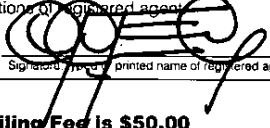
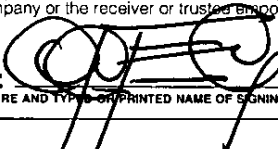


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90294 031 \*\*\*\*55.00

<b>DOCUMENT # L04000074084</b> 1. Entity Name <b>REAL INVESTMENT, LLC</b>					
Principal Place of Business <b>1835 MAIN STREET SUITE 101 WESTON, FL 33326 US</b>			Mailing Address <b>1835 MAIN STREET SUITE 101 WESTON, FL 33326 US</b>		
2. Principal Place of Business <b>1290 Weston Rd</b> Suite, Apt. #, etc. <b>STE 214</b> City & State <b>WESTON, FL</b> Zip <b>33326</b> Country <b>USA</b>		3. Mailing Address <b>1290 Weston Rd</b> Suite, Apt. #, etc. <b>STE 214</b> City & State <b>WESTON, FL</b> Zip <b>33326</b> Country <b>USA</b>			
03172005 Chg-LLC CR2E083 (10/03)				4. EFL Number <b>40-1762493</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent Name <b>MANUEL M. GUEVARA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1290 Weston Rd</b> <b>Suite 214</b> City <b>Weston</b> <b>FL</b> Zip Code <b>33326</b>		
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 		<b>MANUEL M. GUEVARA</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<b>3/25/05</b> <small>DATE</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUEVARA, MANUEL M 4378 SW 141 AVE DAVIE, FL 33330	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GUEVARA, MANUEL M 4378 SW 141 AVE DAVIE, FL 33330	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GUEVARA, MANUEL M 4378 SW 141 AVE DAVIE, FL 33330	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GUEVARA, MANUEL M 4378 SW 141 AVE DAVIE, FL 33330	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GUEVARA, MANUEL M 4378 SW 141 AVE DAVIE, FL 33330	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GUEVARA, MANUEL M 4378 SW 141 AVE DAVIE, FL 33330	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GUEVARA, MANUEL M 4378 SW 141 AVE DAVIE, FL 33330	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 		<b>MANUEL M. GUEVARA</b>		<b>3/25/05</b>	
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	