


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000074912**

1. Entity Name  
 1177 REALTY CO., LLC



Principal Place of Business  
 201 ALHAMBRA CIRCLE STE. 502  
 CORAL GABLES, FL 33134

Mailing Address  
 201 ALHAMBRA CIRCLE STE. 502  
 CORAL GABLES, FL 33134



02152008 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 20-1774927 Applied For  
 Not Applicable

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

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6. Name and Address of Current Registered Agent

ARVESU & ASSOCIATES, PLLC  
 201 ALHAMBRA CIRCLE STE. 502  
 CORAL GABLES, FL 33134

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee Is \$50.00**  
**Due by May 1, 2006**

1100000483134  
 04/11/06-80105-005 \$0.00

9. MANAGING MEMBERS/MANAGERS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SOIANO, LUIS ENRIQUE L<br>201 ALHAMBRA CIRCLE, SUITE 502<br>MIAMI, FL 33124 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MARQUEZ, HILDA C<br>201 ALHAMBRA CIRCLE, SUITE 502<br>MIAMI, FL 33124       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE IN THIS SPACE**

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 a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **LUIS LUGO** 03/15/06 (336) 258 005

SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #