


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90180 013 ****50.00

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.
 700

Suite, Apt. #, etc.
 700

City & State

City & State

Zip Country Zip Country

03152007 Chg-LLC CR2E083 (12/06)

4. FEI Number
 20-1774927

Applied For
 Not Applicable

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



8. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Humor Law Firm PLLC

Street Address (P.O. Box Number is Not Acceptable):
2853 Executive Park Dr # 201

City: Weston FL Zip Code: 33331

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] DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2007**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOIANO, LUIS ENRIQUE L <input type="checkbox"/> Delete 201 ALHAMBRA CIRCLE, SUITE 502 MIAMI, FL 33124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARQUEZ, HILDA C <input type="checkbox"/> Delete 201 ALHAMBRA CIRCLE, SUITE 502 MIAMI, FL 33124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 700
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 700
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] LUIS LUISO SOIANO 3/30/07 336-2550094

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