

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 12, 2005 8:00 am
Secretary of State


09-12-2005 90121 044 ****50.00

19019457



DOCUMENT # L04000078767

1. Entity Name
CU REALTY OF FLORIDA LLC



Principal Place of Business
**7950 E ACOMA DR.
 SUITE 109
 SCOTTSDALE, AZ 85260**

Mailing Address
**7950 E ACOMA DR.
 SUITE 109
 SCOTTSDALE, AZ 85260**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07142005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-3427482

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FORM-A-CORP LLC
 100 VILLAGE SQUARE CROSSING
 SUITE 103
 PALM BEACH GARDENS, FL 33410**

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 _____ 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 September 7, 2005**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CU REALTY LLC 7950 E ACOMA DR, SUITE 109 SCOTTSDALE, AZ 85260 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: *Chilton G. Goebel* **ESQ** *Chilton G. Goebel* **ESQ** **9.2.05** **610-891-9000**

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

ATTACHMENT

14019457

104000078767

MESSICK & WEBER P.C.
ATTORNEYS AND COUNSELLORS AT LAW

GUY A. MESSICK*
KATHERINE E. WEBER**
CHILTON G. GOEBEL, III

THE MADISON BUILDING
108 CHESLEY DRIVE
MEDIA, PA 19063-1712

*Washington State Bar also
**Connecticut Bar also

FAX: (610) 891-9008
TELEPHONE: (610) 891-9000

September 8, 2005

Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

Re: 2005 Limited Liability Company Annual Report

Dear Sir or Madam:

Please be advised this firm represents CU Realty of Florida, LLC. Enclosed please find the 2005 Limited Liability Company Annual Report and check number 1218 in the amount of Fifty Dollars (\$50.00) for the filing fee. The form says that this document was due to be filed on September 7, 2005, however we have obtained an extension from your office until September 16, so please consider this filing current.

Please feel free to contact our office should you have any questions.

Very truly yours,



Chilton G. Goebel, III

CGG:jdk