

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**May 16, 2005 8:00 am**  
**Secretary of State**

05-16-2005 90043 001 \*\*\*\*\*50.00  
05-16-2005 90043 002 \*\*\*\*\*5.00

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01132005 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L04000080641</b>			
1. Entity Name <b>MAUREEN M BOSTON REALTY GROUP, LLC</b>			
Principal Place of Business <b>332 ORANGE TREE DRIVE UNIT 4 ATLANTIS, FL 33462 US</b>		Mailing Address <b>332 ORANGE TREE DRIVE UNIT 4 ATLANTIS, FL 33462 US</b>	
2. Principal Place of Business <b>3589 S. Ocean Blvd Suite, Apt. #, etc. Unit 314 City &amp; State South Palm Beach, FL Zip 33480</b>		3. Mailing Address <b>3589 S. Ocean Blvd Suite, Apt. #, etc. Unit 314 City &amp; State South Palm Beach, FL Zip 33480</b>	
4. FEI Number <b>30-1904845</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BOSTON, MAUREEN M 332 ORANGE TREE DRIVE UNIT 4 ATLANTIS, FL 33462</b>		7. Name and Address of New Registered Agent Name <b>Maureen M. Boston</b> Street Address (P.O. Box Number is Not Acceptable) <b>3589 S. Ocean Blvd. Unit 314</b> City <b>South Palm Beach</b> FL <b>33480</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>Maureen M. Boston, President</b> DATE <b>5/1/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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 BOSTON, MAUREEN M 332 ORANGE TREE DRIVE, UNIT 4 ATLANTIS, FL 33462 <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: <b>Maureen M. Boston</b>		DATE <b>5/1/05</b> Daytime Phone # <b>561-315-3039</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			