
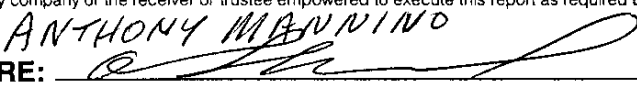


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-16-2005 90042 039 ****50.00

DOCUMENT # L04000088784					
1. Entity Name 1404 REALTY ASSOCIATES, LLC					
Principal Place of Business 3210 S. OCEAN BLVD., UNIT 104 HIGHLAND BEACH, FL 33487			Mailing Address 3210 S. OCEAN BLVD., UNIT 104 HIGHLAND BEACH, FL 33487		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO Box 1617 Suite, Apt. #, etc.			
City & State		BOCA RATON FL		4. FEI Number 20-2134683	
Zip		Country		33429 US	
6. Name and Address of Current Registered Agent MANNINO, THEODORA A 3210 S. OCEAN BOULEVARD, UNIT 104 HIGHLAND BEACH, FL 33487				7. Name and Address of New Registered Agent Name: MANNINO, ANTHONY SR Street Address (P.O. Box Number is not acceptable): 3210 S OCEAN BLVD City: HIGHLAND BEACH FL 33487	
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:  ANTHONY MANNINO <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	MGR MANNINO, THEODORA A TRUSTEE 3210 S. OCEAN BOULEVARD, UNIT 104 HIGHLAND BEACH, FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MANNINO, ANTHONY 3210 S OCEAN BLVD UNIT 104 HIGHLAND BEACH FL 33487		
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		
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		
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:  ANTHONY MANNINO			Date: 5-4-05 561-2652903		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Daytime Phone #</small>		