2008 LIMITED LIABILITY COMPANY

May 09, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # L04000090682 1. Entity Name ' 3802 REALTY ASSOCIATES, LLC Principal Place of Business Mailing Address 3210 S. OCEAN BLVD, UNIT 104 P.O. BOX 1617 HIGHLAND BEACH, FL 33487° BOCA RATON, FL 33429 04102008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2134921 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MANNINO, AUTHONY SR DO NOT WRITE 3210 S. OCEAN BLVD, UNIT 104 HIGHLAND BEACH, FL 33487 IN THIS SPACE Same to dry a line 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Apent signature required when reinstating) DATE 3520 P (9000 1950) 5 P 1 295 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 1100000950790 06/04/08-80004-020 MANAGING MEMBERS/MANAGERS 9. MGRM(0,000VECTTE) inie?3 L? NAME - 1 MANNINO, ANTHONY SR STREET ADDRESS 3210 S. OCEÁN BLVD, UNIT 104 HIGHLAND BEACH, FL 33487 CITY-ST-ZIP DILLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filtho 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 logal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trusted and that the information indicated on this report as a figure 19. Florida Statutes.

-22-08. 561213.0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

Daytime Phone #

FILED