2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 20, 2005
Secretary of State

DOCUMENT# L04000092482

Entity Name: TRUSTED REAL ESTATE DEVELOPERS, LLC

Current Principal Place of Business:

3048 ORANGE STREET
MIAMI, FL 33133

New Principal Place of Business:

2555 PONCE DE LEON BLVD.
STE. 200
MIAMI/CORAL GABLES, FL 33134

Current Mailing Address:

3048 ORANGE STREET
MIAMI, FL 33133

New Mailing Address:

2555 PONCE DE LEON BLVD.
STE. 200
MIAMI/CORAL GABLES, FL 33134

FEI Number: 20-3176153 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHENK, MAXIMILIAN
3048 ORANGE STREET
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

SCHENK & ASSOCIATES, PLC
2555 PONCE DE LEON BLVD.
STE. 200
MIAMI/CORAL GABLES, FL 33134 US

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.

SIGNATURE: MAX SCHENK 07/20/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SCHENK, MAXIMILIAN
Address: 3048 ORANGE STREET
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SCHENK, MAXIMILIAN
Address: 2555 PONCE DE LEON BLVD., STE. 200
City-St-Zip: MIAMI/CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MAX SCHENK MGMR 07/20/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date