

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000006610

FILED
Apr 20, 2006
Secretary of State

Entity Name: REAL ADVISORS PL

Current Principal Place of Business:

1550 MADRUGA AVENUE, SUITE 314
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

1550 MADRUGA AVENUE, SUITE 314
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 56-2497052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOFIA VAN DEN BRADEN-PADILLA
401 ALESIO AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

SOFIA VAN DEN BRADEN-PADILLA
1550 MADRUGA AVENUE
SUITE 314
CORAL GABLES, FL 33146 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:

04/20/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SOFIA VAN DEN BRANDE, N-PADILLA
Address: 401 ALESIO AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: PADILLA, JOAQUIN E
Address: 401 ALESIO AVENUE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SOFIA VAN DEN BRANDE, N-PADILLA
Address: 1550 MADRUGA AVENUE
City-St-Zip: CORAL GABLES, FL 33146

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: SOFIA VAN DEN BRANDEN-PADILLA

MGR

04/20/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date