

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 AM 9:17

DOCUMENT # L05000016530 1. Entity Name HAUS REALTY, LLC					
Principal Place of Business 5839 NORTH BAY ROAD MIAMI BEACH, FL 33140			Mailing Address 5839 NORTH BAY ROAD MIAMI BEACH, FL 33140		
2. Principal Place of Business 919 WEST 39th STREET		3. Mailing Address 919 WEST 39th STREET			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		03292006 Chg-LLC CR2E083 (11/05)	
City & State MIAMI BEACH FL		City & State MIAMI BEACH FL		4. FEI Number 56-2500881	
Zip 33140		Country MIAMI DATE		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PAGAN, JUAN CARLOS 5839 NORTH BAY ROAD MIAMI BEACH, FL 33140				7. Name and Address of New Registered Agent Name PAGAN, JUAN CARLOS Street Address (P.O. Box Number is Not Acceptable) 919 WEST 39th STREET City MIAMI BEACH FL Zip Code 33140	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$50.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAGAN, JUAN CARLOS 5839 NORTH BAY ROAD MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing 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 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.		400074222864 05/09/06--01002--012 **\$0.00			
SIGNATURE: _____		Date 4/11/06 Daytime Phone # 3052151750			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					