

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000017505

FILED
Jan 30, 2006
Secretary of State

Entity Name: RESIDENTIAL PROPERTY REALTY ADVISORS, LLC

Current Principal Place of Business:

6301 NW 5TH WAY
SUITE 2900
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

6301 NW 5TH WAY
SUITE 2900
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PORRAS, ELIAS
6301 NW 5TH WAY
SUITE 2900
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PORRAS, ELIAS
Address: 6301 NW 5TH WAY, SUITE 2900
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGR (X) Delete
Name: SCHAGRIN, RONALD A
Address: 6301 NW 5TH WAY, SUITE 2900
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGR (X) Delete
Name: SOLIMINE, NICHOLAS A
Address: 6301 NW 5TH WAY, SUITE 2900
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES:

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

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

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: ELIAS PORRAS

MGRM

01/30/2006

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