

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025906

FILED
Mar 16, 2007
Secretary of State

Entity Name: LORELEI PROPERTY MANAGEMENT GROUP,LLC

Current Principal Place of Business:

501 ORTON AVE
FT LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

C/O THREE PALMS RESORT
710 N BIRCH ROAD
FT LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: 20-2493784 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PREKUP, MARYETTA SUNNI
C/O THREE PALMS RESORT
710 N BIRCH ROAD
FT LAUDERDALE, FL 33304 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: MGR () Delete
Name: PREKUP, MARYETTA SUNNI
Address: 710 N BIRCH ROAD
City-St-Zip: FT LAUDERDALE, FL 33304

Title: MGR () Delete
Name: DEBENEDICTIS, ROBERT N
Address: 625 ORTON AVE, APT 8
City-St-Zip: FT LAUDERDALE, FL 33304

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGR () Change (X) Addition
Name: GALLUCCIO, PAUL A
Address: 300 E 33RD ST, APT 4C
City-St-Zip: NEW YORK, NY 10016

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: ROBERT N DEBENEDICTIS MGR 03/16/2007

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