

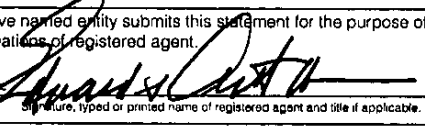



**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000027184</b>		
1. Entity Name ANTARSH FAMILY REALTY, LLC		
Principal Place of Business 10741 WATERFORD PLACE WEST PALM BEACH, FL 33412		Mailing Address 10741 WATERFORD PLACE WEST PALM BEACH, FL 33412
<b>DO NOT WRITE IN THIS SPACE</b>		
		
01192007 No Chg-LLC CR2E083 (11/05)		
4. FEI Number NOT APPLICABLE		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent		
ANTARSH, EDWARD S 10741 WATERFORD PLACE WEST PALM BEACH, FL 33412		<b>DO NOT WRITE IN THIS SPACE</b>
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:  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE: 2/5/2007
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANTARSH, EDWARD S 10741 WATERFORD PLACE WEST PALM BEACH, FL 33412	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANTARSH, NINA S 10741 WATERFORD PLACE WEST PALM BEACH, FL 33412	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		DATE: 2/5/07 Daytime Phone #: 561-689-9800