2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 17, 2007 8:00 am Secretary of State

| DOCUMENT # L05000027313 1. Entity Name SHOWCASE REAL ESTATE INVESTORS, LLC | | | | | | | 04-18-2007 90029 024 ***150.00 | | | | |
|---|-----------------------|---|--|--|---|---|--------------------------------|----------------------|-------------------------|------------------------------|------------------------------|
| Principal Plac | | 56 | Mailing Address | | | | | Juv | | _ | |
| SOS NE 3RD STREET Delray Beach, FL 33483 | | | 505 NE 3RD STREET Delray Beach, FL 33 | | | | | | | | |
| | , | | | | | } | i izeren e | Etiti sini sem sem s | nn bena ark | iliti an ara | IÄTEI M ISB |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | . / | | 04092007 | Chg-LLC | CR2E | E 083 (12/0 6) |) | |
| City & State | | City & State 20-349700 | |)8 F | • | 4. FEI Numb | | | ⊢ | pplied For lot Applicable | |
| Zip | | Country | Zip | Coun | | Ī | 5. Certificate | of Status Desired | | \$5.00 Ad | ditional |
| | 6. Name | o and Apdress of Current | Registered Agent | | Name | | 7. Name and | Address of New | Registered | <u> </u> | |
| ZABIK, VII | NCENT | • | | | | | | | | _ | |
| 505 NE 3R DŒLRAY E | RD STREE | | | Street Add | ress (P | O. Box Numb | er is Not Acceptab | le) | - | · <u>-</u> | |
| OCCIONI C | DENOM, I | L 30403 | | ! | | | | | | | |
| ٠. | | ٠, | | | City | | | | FI | Zip Coc | le . |
| 8. The above | named entit | ty submits this statement for | the purpose of changing its | registere | ed office or re | G _i stere | d agent, or bo | h, in the State of F | | | and accept |
| SIGNATURE | | , | | | | | | | | | |
| | | | | | | | | | | | |
| | Signature, lyped | t or protect name of registered agent a | red bite 4 applicable (NOT) | : Aegatered | Agent tegreture : | 40.400 v | when reinstating) | <u>.</u> | DATE | | |
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| FI De | Uing Fee | ls \$50.00 | | Angelore | 2 Agent Ogradus | equired v | efron remisiating) | | te check a Departr | nent of Stat | • |
| шп 8° | lling Fee ue by Ma | is \$50.00 y 1, 2007 MANAGING MEMBEI | | 10. | | PGMPD V | ren rensisting) | Florid | te check a Departr | nent of Stat | Addition |
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11. I hereby certify that the information supplied with this filling 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 apportate and that my signaluly 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.

MONATION.

April 9-2000 561-272-7599