


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90220 043 \*\*\*\*50.00

<b>DOCUMENT # L05000029510</b>	
1. Entity Name MTP REALTY, LLC	

Principal Place of Business 180 NE 39 ST 106 MIAMI, FL 33137	Mailing Address 180 NE 39 ST 106 MIAMI, FL 33137
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2. Principal Place of Business - No P.O. Box # 2144 NE 2nd Ave. Suite, Apt. #, etc.	3. Mailing Address 2144 NE 2nd Ave Suite, Apt. #, etc.
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City & State MIAMI, FL	City & State MIAMI, FL
Zip 33137	Country
Zip 33137	Country

05092007 Chg-LLC CR2E083 (12/06)

4. FEI Number 36-7571974	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LASIO, GIANCARLO 180 NE 39 ST 106 MIAMI, FL 33137
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7. Name and Address of New Registered Agent Name LASIO, GIANCARLO Street Address (P.O. Box Number is Not Acceptable) 2144 N.E. 2nd Ave. City MIAMI FL Zip Code 33137
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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 <u>Giancarlo Lasio</u> <u>GIANCARLO LASIO</u> <u>5/16/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small>
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Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LASIO, GIANCARLO 180 NE 39 ST. # 106 MIAMI, FL 33137 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LASIO, GIANCARLO 2144 NE 2nd Ave. MIAMI, FL 33137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FANTIN, ENRICO 180 NE 39 ST. # 106 MIAMI, FL 33137 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FANTIN, ENRICO 2144 NE 2nd Ave. MIAMI, FL 33137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Giancarlo Lasio</u> <u>GIANCARLO LASIO</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<u>5/16/07</u> <u>305-572-0990</u> <small>Date Daytime Phone #</small>
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