## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Apr 15, 2008 8:00 am Secretary of State **DOCUMENT # L05000035454** 04-15-2008 90100 036 \*\*\*138.75 MIAMI REALTY EXCHANGE LLC 50002887 Principal Place of Business Mailing Address 4400 N FEDERAL HIGHWAY 4400 N FEDERAL HIGHWAY 210 210 BOCA RATON, FL 33431 BOCA RATON, FL 33431 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02252008 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For 20-2693826 Not Applicable Country Zin Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DICRESCENZO, ANGELA Street Address (P.O. Box Number is Not Acceptable) 665 SE 10TH ST. #201 DEERFIELD BEACH, FL 33441 City Zip Code Fi 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! PEE IS \$138,75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM TITLE TITLE ☐ Change ☐ Addition ☐ Delete PINCUS, MONA NAME NAME PO BOX 226 STREET ADORESS STREET ADORESS CITY-ST-ZIP BOCA RATON, FL 33429 CITY-ST-ZIP ☐ Delete □ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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.

BER. MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #