


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90007 038 ****50.00

DOCUMENT # L05000042187	
1. Entity Name REALTY FINANCIAL SERVICES. LLC	

Principal Place of Business 9141 SW 156 CT MIAMI FL 33196	Mailing Address 9141 SW 156 CT MIAMI FL 33196
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2. Principal Place of Business 2450 S.W 137 Ave	3. Mailing Address 2450 SW 137 Ave.
Suite, Apt. #, etc. # 232	Suite, Apt. #, etc. suite 232
City & State MIAMI FL	City & State FLORIDA
Zip 33175	Country USA

2nd MOORE CR2E083 (4/06)

4. FEI Number 56-2537070	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 MARTIN, VICKY MRS. 9141 SW 156 CT MIAMI, FL. FL 33196	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

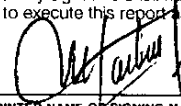
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARTIN, VICKY 9141 SW 156 CT MIAMI FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date _____ Daytime Phone # _____