

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000057477

**FILED**  
**Apr 19, 2006**  
**Secretary of State**

**Entity Name:** INVESTMENT REAL ESTATE ASSOCIATES OF FLORIDA LLC

**Current Principal Place of Business:**

1200 BRICKELL AVENUE SUITE 800  
MIAMI, FL 33131 US

**New Principal Place of Business:**

**Current Mailing Address:**

1200 BRICKELL AVENUE SUITE 800  
MIAMI, FL 33131 US

**New Mailing Address:**

**FEI Number:** 59-3810721      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** ( )

**Name and Address of Current Registered Agent:**

FELDMAN, BENNETT G  
2655 LEJEUNE ROAD  
508  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KRIKORIAN, RAFFI  
Address: 16501 VENTURA BLVD SUITE 448  
City-St-Zip: ENCINO, CA 91436 US

Title: VP ( ) Delete  
Name: KOWALSKI, KEVIN  
Address: 1200 BRICKELL AVENUE SUITE 800  
City-St-Zip: MIAMI, FL 33131 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RAFFI KRIKORIAN

MGRM

04/19/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date