


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000057477 1. Entity Name INVESTMENT REAL ESTATE ASSOCIATES OF FLORIDA LLC	
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Principal Place of Business 1200 BRICKELL AVENUE SUITE 800 MIAMI, FL 33131 US	Mailing Address 1200 BRICKELL AVENUE SUITE 800 MIAMI, FL 33131 US
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01232007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3810721	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  FELDMAN, BENNETT G 2655 LEJEUNE ROAD 508 CORAL GABLES, FL 33134
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**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRIKORIAN, RAFFI 16501 VENTURA BLVD SUITE 448 ENCINO, CA 91436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOWY, KENNETH 1200 BRICKELL AVENUE SUITE 800 MIAMI, FL 33131
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 02/07/07-80063-020 55.00

**DO NOT WRITE IN THIS SPACE**

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:  DATE: 1/25/07 DAYTIME PHONE #: (313) 386-6888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #