

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057477

**FILED**  
**Mar 18, 2008**  
**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:**

FELDMAN, BENNETT G  
2655 LEJEUNE ROAD  
514  
CORAL GABLES, FL 33134 US

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: \_\_\_\_\_

03/18/2008

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: LOWY, KENNETH  
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 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

03/18/2008

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