

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000062358

Entity Name: IREIT LLC

FILED
Feb 15, 2006
Secretary of State

Current Principal Place of Business:

17100 COLLINS AVE. #111
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

17100 COLLINS AVE. #111
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

2473 E. SUNRISE BLVD
FORT LAUDERDALE, FL 33304

FEI Number: 20-3061000

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHRAYEV, IGOR
17100 COLLINS AVE. #111
SUNNY ISLES BEACH, FL 33160 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: SHRAYEV, IGOR
Address: 17100 COLLINS AVE. #111
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: SHENKAR, AVI
Address: 17100 N BAY ROAD #1410
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

Title: MGRM () Change (X) Addition
Name: TSIRELSON, MARAT
Address: 3215 NE 184 STREET #14401
City-St-Zip: AVENTURA, FL 33160 US

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: IGOR SHRAYEV

MGRM

02/15/2006

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