

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 19, 2006 8:00 am
Secretary of State

04-28-2006 90025 027 ****50.00

DOCUMENT # L05000066538 1. Entity Name SOUTH FLORIDA REALTY ADVISORS, L.L.C.			
Principal Place of Business C/O SCOTT A. GREENWALD 1320 S. DIXIE HIGHWAY, SUITE 781 CORAL GABLES, FL 33146		Mailing Address C/O SCOTT A. GREENWALD 1320 S. DIXIE HIGHWAY, SUITE 781 CORAL GABLES, FL 33146	
2. Principal Place of Business 7301 SW 5TH COURT Suite, Apt. #, etc. Suite 565 City & State South Miami, FL Zip 33143 Country Miami, Indc 		3. Mailing Address 7301 SW 5TH COURT Suite, Apt. #, etc. Suite 565 City & State South Miami, FL Zip 33143 Country Miami, Indc 	
4. Filing Date 2013127630		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, GARY L ESQ. C/O PHILLIPS, EINSINGER & BROWN, P.A. 4000 HOLLYWOOD BLVD., SUITE 265-S HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7301 SW 5TH COURT Suite 565 South Miami FL 33143	
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 DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREENWALD, SCOTT A 1320 S. DIXIE HIGHWAY, SUITE 781 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7301 SW 5TH COURT - Suite 565 South Miami, FL 33143	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 4-26-06 Daytime Phone # (305) 667-2025	