


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # L05000089922 1. Entity Name EUSTON REALTY AND DEVELOPERS LLC	
---	---

Principal Place of Business 6835 SUNSET STRIP SUNRISE, FL 33313	Mailing Address 6835 SUNSET STRIP SUNRISE, FL 33313
---	---

DO NOT WRITE IN THIS SPACE



05022007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 01-0865513	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

**KODJO, MARC M
6835 SUNSET STRIP
SUNRISE, FL 33313**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KODJO, MARCEL M 7433 NW 49TH COURT LAUDERHILL, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRAWFORD-KODJO, JEAN 7433 NW 49TH COURT LAUDERDALE, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U000000762761
05/29/07-80022-016 50.00

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:  **\$130/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #