



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90175 014 ****55.00

DOCUMENT # L05000098024 1. Entity Name VIALMAR REALTY, L.L.C.					
Principal Place of Business 150 SE 2ND AVENUE, SUITE #914 MIAMI, FL 33131			Mailing Address 150 SE 2ND AVENUE, SUITE #914 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # 150 SE 2 AVENUE		3. Mailing Address 150 SE 2 AVENUE			
Suite, Apt. #, etc. SUITE #900		Suite, Apt. #, etc. SUITE #900			
City & State MIAMI, FL		City & State MIAMI, FL			
Zip 33131		Zip 33131			
Country U.S.		Country U.S.		4. FEI Number 20-3582380	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LOPEZ, ENEIDA 150 SE 2ND AVENUE, SUITE #914 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Numbers Not Acceptable) 150 SE 2 AVENUE SUITE # 900 City MIAMI, FL Zip Code 33131		
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 <u>Eneida Lopez</u> DATE <u>3/19/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LOPEZ, ENEIDA 150 SE 2 AVE STE 914 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 150 SE 2 AVENUE, SUITE #900 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VIALMAR INVESTMENTS, INC 150 SE 2 AVE STE 914 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 150 SE 2 AVENUE, SUITE #900 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: <u>Eneida Lopez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>3/19/07</u> Daytime Phone # <u>305-322-0089</u>		