


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000113984 1. Entity Name REALTY ASSOCIATES INTERNATIONAL, LLC	
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Principal Place of Business 283 SABAL PALM TERRACE BOCA RATON, FL 33432	Mailing Address 283 SABAL PALM TERRACE BOCA RATON, FL 33432
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**DO NOT WRITE IN THIS SPACE**



04102007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3970425	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GRAVENHORST, PAUL S  
283 SABAL PALM TERRACE  
BOCA RATON, FL 33432

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GRAVENHORST, PAUL S MGRM 283 SABAL PALM TERRACE BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM INVEST INTERNATIONAL CORP 283 SABAL PALM TERRACE BOCA RATON, FL 33432
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04/26/07-80020-025 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: *Paul S Gravenhorst* Date: 4-10-07 Daytime Phone #: 954-462-7925  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE