2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-12-2007 90482 031 ****50.00

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1. Entity Name
TISHREAL, L.L.C.

Principal Place of Business	Mailing Address
125 NORTH 46TH AVENUE HOLLWOOD, FL 33021	125 NORTH 46TH AVENUE HOLLWOOD, FL 33021

01162007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
16443 Collins Ave		244 Madison Ave	
Suite, Apt. #, etc.: Suite PH 24		Suite, Apt. #, etc.: PMB 344	
City & State: Sunny Isle FL		City & State: New York N.Y.	
Zip: 33160	Country: USA	Zip: 10016	Country: USA

4. FEI Number: 71-1029131 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GOTTLIEB, BRUCE M ESQ.
125 NORTH 46TH AVENUE
HOLLWOOD, FL 33021

7. Name and Address of New Registered Agent

Name: Mathieu Goldenberg
Street Address (P.O. Box Number is Not Acceptable): 16443 Collins Ave, Suite PH 24
City: Sunny Isle FL Zip Code: 33160

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 [signature] DATE 3/5/2007
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GOLDENBERG, MATHIEU		NAME		
STREET ADDRESS	125 NORTH 46TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	HOLLWOOD, FL 33021		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] 3/5/2007 (212) 213-8120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #