2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 24, 2007 8:00 am
Secretary of State

04-30-2007 90045 001 ****50.00

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1. Entity Name
REALTY OF AMERICA, LLC

Principal Place of Business	Mailing Address
P.O. BOX 278623 MIRAMAR, FL 33027	P.O. BOX 278623 MIRAMAR, FL 33027

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7337 N.W. 37 AVENUE	
Suite, Apt. #, etc.: Suite # E-2	Suite, Apt. #, etc.
City & State: MIAMI	City & State: FL
Zip: 33147 Country	Zip Country

02122007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-4502517 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name: MARIE ROVIRA
	Street Address (P.O. Box Number is Not Acceptable): 2204 S.W. 126 AVENUE
	City: Miramar FL Zip Code: 33027

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: Marie Rovira 4/25/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	President ☐ Change ☒ Addition
NAME	ROVIRA, MARIE	NAME	Marie Rovira
STREET ADDRESS	P.O. BOX 278623	STREET ADDRESS	P.O. BOX 278623
CITY-ST-ZIP	MIRAMAR, FL 33027	CITY-ST-ZIP	MIRAMAR, FL. 33027
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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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: Marie Rovira 4/25/07 754-214-7595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #