Apr 30 2008 5:38PM All Service Professional

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May 05, 2008 8:00 am
Secretary of State
05-05-2008 90036 025 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000029173

1. Entity Name
DENIS REALTY GROUP LLC

60039076

04302008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
120 E. OAKLAND PARK BLVD, SUITE 105-16 FT LAUDERDALE, FL 33334	120 E. OAKLAND PARK BLVD, SUITE 105-16 FT LAUDERDALE, FL 33334

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
8551 W. SUNRISE BLVD		8551 W SUNRISE BLVD.	
Suite, Apt. #, etc.: 203		Suite, Apt. #, etc.: 203	
City & State: PLANTATION, FL		City & State: PLANTATION, FL	
Zip: 33323	Country: USA	Zip: 33322	Country: USA

4. FEI Number: 56-2601478 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DENIS, PIERRE J
~~120 E. OAKLAND PARK BLVD, SUITE 105-16~~
~~FT LAUDERDALE, FL 33334~~

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number Is Not Acceptable): 8551 W SUNRISE BLVD.
SUITE 203
City: PLANTATION, FL Zip Code: 33323

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DENIS, PIERRE J 120 E. OAKLAND PARK BLVD, SUITE 105-16 FT LAUDERDALE, FL 33334 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 8551 W SUNRISE BLVD. STE 203 PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: X [signature] 04/29/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #