

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000031850

FILED
Apr 20, 2007
Secretary of State

Entity Name: FIRST QUALITY REALTY, LLC.

Current Principal Place of Business:

1880 S. OCEAN DRIVE
TOWER SUITE #503 W
HALLANDALE BEACH, FL 33009 US

New Principal Place of Business:

Current Mailing Address:

1880 S. OCEAN DRIVE
TOWER SUITE #503 W
HALLANDALE BEACH, FL 33009 US

New Mailing Address:

FEI Number: 16-1757086

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LASERNA, GUSTAVO
1880 S. OCEAN DRIVE
TOWER SUITE #503W
HALLANDALE BEACH, FL 33009 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: LASERNA, GUSTAVO
Address: 1880 S. OCEAN DRIVE TOWER SUITE #503W
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: MGRM () Delete
Name: RAKHAR, JAY G
Address: 18151 SW 22 STREET
City-St-Zip: MIRAMAR, FL 33029

Title: V () Delete
Name: RAKHAR, JAY G
Address: 18151 SW 22 STREET
City-St-Zip: MIRAMAR, FL 33029

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GUSTAVO LASERNA

P

04/20/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date