AMENDED

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

S07127903717

FILED 04-26-2007 90037 037 ****50.00
SECRETARY OF STATE L06000039542
DIVISION OF CORPORATIONS

07 MAY 22 PM 2: 10

DOCUMENT # L06000039542

1. Entity Name

INFINITY REALTY GROUP, L.L.C.

Principal Place of Business	Mailing Address
~~7518 BRIAR CLIFF CIRCLE LAKE WORTH FL 33467~~ NEW SEE #(2)	7518 BRIAR CLIFF CIRCLE LAKE WORTH FL 33467

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8461 LAKE WORTH ROAD	SAME OK ✓
Suite, Apt. #, etc. (SUITE - 104)	Suite, Apt. #, etc.
City & State LAKE WORTH, FLORIDA	City & State
Zip 33467 Country USA	Zip Country

1st MOORE CR2E083 (10/06)

4. FEI Number AP-PLIED FOR — 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
~~DEMICHELE, ROBERT 1224 THUNDER TRAIL MAITLAND FL 32751~~ (SEE NEW) →	Name ROBERT FELICE
	Street Address (P.O. Box Number is Not Acceptable) 7518 BRIAR CLIFF CIRCLE
	City LAKE WORTH FL Zip Code 33467

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 ROBERT FELICE / [signature] 4/17/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR FELICE, ROBERT 7518 BRIAR CLIFF CIRCLE LAKE WORTH FL 33467	☐ 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 Section 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: ROBERT FELICE [signature] 4/17/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #