

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90145 014 \*\*\*\*50.00

**60014281**



01032007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L06000042604</b> 1. Entity Name IITB REALTY, L.L.C.					
Principal Place of Business 1601 NORTH FLAMINGO ROAD PEMBROKE PINES, FL 33028-1004			Mailing Address 1601 NORTH FLAMINGO ROAD PEMBROKE PINES, FL 33028-1004		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-4778758</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  COHEN, STUART A 1601 NORTH FLAMINGO ROAD PEMBROKE PINES, FL 33028-1004				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$5.00 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WOLACH, IDANIA C. 1601 NORTH FLAMINGO ROAD PEMBROKE PINES, FL 330281004	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COHEN, GAIL C 1601 NORTH FLAMINGO ROAD PEMBROKE PINES, FL 330281004	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR REYES, MIGUEL A 1601 NORTH FLAMINGO ROAD PEMBROKE PINES, FL 330281004	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WOLACH, IDANIA C. 1601 NORTH FLAMINGO ROAD PEMBROKE PINES, FL 330281004	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COHEN, GAIL C 1601 NORTH FLAMINGO ROAD PEMBROKE PINES, FL 330281004	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM REYES, MIGUEL A 1601 NORTH FLAMINGO ROAD PEMBROKE PINES, FL 330281004	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WOLACH, IDANIA C. 1601 NORTH FLAMINGO ROAD PEMBROKE PINES, FL 330281004	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <i>Idania C. Wolach</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Jan. 30, 2007 Date		
Idania C. Wolach, as Managing Member					