2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 25, 2007 8:00 am Secretary of State **DOCUMENT #L06000043702** 04-25-2007 90040 015 ****50.00 1. Entity Name INVESTMENT REALTY OF SOUTH FLORIDA I, LLC Principal Place of Business Mailing Address 8211 WEST BROWARD BLVD. 8211 WEST BROWARD BLVD. #340 #340 PLANTATION, FL 33324 PLANTATION, FL 33324 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04232007 Chg-LLC CR2E083 (12/06) Applied For City & State 4 FELNumber City & State Not Applicable Zìp Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BERKOVITS, JOE S Street Address (P.O. Box Number is Not Acceptable) 8211 WEST BROWARD BLVD. #340 PLANTATION, FL 33324 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. Make check payable to Filing Fee is \$50.00 Florida Department of State Due by May 1, 2007 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGR Change ☐ Addition THLE TITLE ☐ Delete BERKOVITS, JOE S NAME NAME 8211 WEST BROWARD BLVD. #340 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33324 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P 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. 4 23 2007 be Berkonts SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #