


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90307 012 \*\*\*\*50.00

<b>DOCUMENT # L06000047665</b>	
1. Entity Name <b>MARIS REALTY LLC</b>	

Principal Place of Business <b>18001 OLD CUTLER ROAD STE 476 PALMETTO BAY, FL 33157</b>	Mailing Address <b>18001 OLD CUTLER ROAD STE 476 PALMETTO BAY, FL 33157</b>
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2. Principal Place of Business - No P.O. Box # <b>18001 OLD CUTLER RD</b>	3. Mailing Address <b>18001 OLD CUTLER RD-</b>
Suite, Apt. #, etc. <b>476</b>	Suite, Apt. #, etc. <b>476</b>
City & State <b>Miami</b>	City & State <b>Miami</b>
Zip <b>33157</b>	Zip <b>33157</b>
Country <b>USA</b>	Country <b>USA</b>



04122007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-4767670</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>PRENDES, STELLA MARIS 18001 OLD CUTLER ROAD STE 476 PALMETTO BAY, FL 33157</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PRENDES, STELLA MARIS 18001 OLD CUTLER ROAD STE 476 PALMETTO BAY, FL 33157</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PRENDES, ALEXANDER 18001 OLD CUTLER ROAD STE 476 PALMETTO BAY, FL 33157</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4/23/07 (786) 277-4721**