

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000057571

Entity Name: FACILITY REALTY, LLC

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

1395 BRICKEL AVE
SUITE 720
MIAMI, FL 33131

New Principal Place of Business:

1395 BRICKEL AVE
720
MIAMI, FL 33131

Current Mailing Address:

1395 BRICKEL AVE
SUITE 720
MIAMI, FL 33131

New Mailing Address:

1395 BRICKEL AVE
720
MIAMI, FL 33131

FEI Number: 20-5020666 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
1261 E SAMPLE RD
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

TAX HOUSE CORPORATION
1100 S FEDERAL HWY
DEERFIELD BEACH, FL 33441 US

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: BRENO GOMES

05/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SANTIAGO, ANA PAULA
Address: 1395 BRICKEL AVE SUITE 876
City-St-Zip: MIAMI, FL 33131 US

Title: MGR () Delete
Name: SANTIAGO, MARCELA T
Address: 1395 BRICKEL AVE SUITE 876
City-St-Zip: MIAMI, FL 33131 US

ADDITIONS/CHANGES:

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 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: ANA P SANTIAGO

MGR

05/01/2008

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