

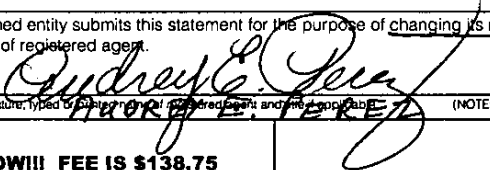
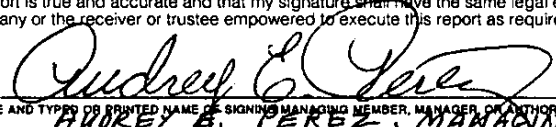


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90017 011 ***138.75

DOCUMENT # L06000062237 1. Entity Name ALBERT & AUDREY ELAINE PEREZ REALTY, LLC					
Principal Place of Business 4614 N. ST. VINCENT STREET TAMPA, FL 33614-6672 US			Mailing Address 4614 N. ST. VINCENT STREET TAMPA, FL 33614-6672 US		
2. Principal Place of Business - No P.O. Box # 4840 N. ARMENIA AVE Suite, Apt. #, etc. A		3. Mailing Address 4840 N. ARMENIA AVE Suite, Apt. #, etc. A			
City & State TAMPA, FL		City & State TAMPA, FL		03112008 Chg-LLC CR2E083 (12/06)	
Zip 33603-1431		Zip 33603-1431		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PEREZ, AUDREY E 4614 N. ST. VINCENT STREET TAMPA, FL 33614-6672			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4840 N. ARMENIA AVE, SUITE A City TAMPA FL Zip Code 33603-1431		
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 _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PEREZ, ALBERT & AUDREY TENTENT 4614 N. ST. VINCENT STREET TAMPA, FL 336146672	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2424 W. TAMPA BAY BLVD, BIDS TAMPA, FL 33607			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	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:  813-629-7367 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE AUDREY E. PEREZ, MANAGING MEMBER Date _____ Daytime Phone # _____					