2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

FILED Apr 02, 2008 08:00 AN Secretary of State

Daytime Phone #

ANNUAL REPORT				Apr 02, 2008 08:0	
DOCUMENT # L06000074549 1. Entity Name 26 REALTY, LLC				Secretary of St	
	·				
Principal Plac 3723 NE 20		Mailing Address 3723 NE 201 STREET			
AVENTURA, I		AVENTURA, FL 33108 US			
DO NOT WRITE IN THIS SPACE				03282008No Chg-LLC	,
			CE	4. FEI Number Applie	ed For
			i	5 Certificate of Status Desired S5.00 Addition	Applicable onal
	6. Name and Address of Curre	nt Registered Agent		Fee Required	
TOLEDANO, YAIR 3723 NE 201 STREET AVENTURA, FL 33180				DO NOT WRITE IN THIS SPACE	•
	1				
8. The above the obligat	named entity submits this statement	for the purpose of changing its register	ed office or register	red agent, or both, in the State of Florida. I am familiar with, an	d accept
SIGNATURE	Signature, typed or Inted name of registered ag	ent and title if applicable (NOTE: Register	ed Agent signature required	3/28/A Id when reinstaling) DATE	
FILE After May	NOW!!! FEE IS \$138.75 7 1, 2008 Fee will be \$538.	75			
9.		BERS/MANAGERS			
TITLE NAME	MGR TOLEDANO, YAIR			•	
STREET ADDRESS	1806 S. YOUNG CIRCLE #101	5			
CITY-ST-ZIP	HOLLYWOOD, FL 33020			U00000878362	
THILE				04/14/08-80050-024 138	3.75
NAME STREET ADDRESS				1 ,	
CITY-ST-ZIP					
TITLE				• •	
NAME Street Address				DO MOT MOITE	
CITY-ST-ZIP				DO NOT WRITE	
TITLE				IN THIS SPACE	
NAME STREET ADORESS				017.102	
CITY-ST-ZIP					
TITLE			1		
NAME PERSON ADDRESS					
STREET ADDRESS CITY-ST-ZIP	-				
TITLE		1,111	1		
NAME -	· * ; ,]	•	
STREET ADDRESS			1		

11. I hereby certify that the information supplied with this filling 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 received of trustee empowered to execute this report as required by Chapter 608, Florida Statutes

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