


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90071 045 ****50.00

DOCUMENT # L06000095840	
1. Entity Name MARDER SOUTH REALTY, LLC	

Principal Place of Business 5848 HARRINGTON WAY BOCA RATON, FL 33496	Mailing Address 5848 HARRINGTON WAY BOCA RATON, FL 33496
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2. Principal Place of Business - No P.O. Box # 160 Congress Drive	3. Mailing Address 160 Congress Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Delray Beach, FL	City & State Delray Beach, FL
Zip 33445	Country USA



02222007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5927280		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent MARDER, DANIEL 5848 HARRINGTON WAY BOCA RATON, FL 33496		7. Name and Address of New Registered Agent Name Daniel Marder Street Address (P.O. Box Number is Not Acceptable) 160 Congress Drive City Delray Beach FL Zip Code 33445

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	MGR MARDER, DANIEL 5848 HARRINGTON WAY BOCA RATON, FL 33496 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	160 Congress Drive Delray Beach, FL 33445 <input checked="" 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
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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 #

4-19-07 508-998-1722