


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90109 025 ****50.00

DOCUMENT # L06000107090		
1. Entity Name ROYEL PROPERTIES, LLC		

60039376



04122007 Chg-LLC CR2E083 (12/06)

Principal Place of Business 10630 NW 37 TERRACE DORAL, FL 33178	Mailing Address 10630 NW 37 TERRACE DORAL, FL 33178
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2. Principal Place of Business - No P.O. Box # 4300 NW 37 AVE Suite, Apt. #, etc.	3. Mailing Address 10630 NW 37 TERR Suite, Apt. #, etc.
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City & State MIAMI FLORIDA	City & State DORAL FLORIDA	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33142	Country USA	Zip 33178	Country USA

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FULOP, BELA 10630 NW 37 TERRACE DORAL, FL 33178		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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	MGRM FULOP, BELA 10630 NW 37 TERRACE DORAL, FL 33178 <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: Bela Fulop (MGRM) **4/11/07** **305-437-9855**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #