2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# L06000118870

Entity Name: TOP LINE REALTY LLC

Current Principal Place of Business:

18851 NE 29 AVE
#714
AVENTURA, FL 33180

New Principal Place of Business:

318 INDIAN TRACE
201
WESTON, FL 33326

Current Mailing Address:

18851 NE 29 AVE
#714
AVENTURA, FL 33180

New Mailing Address:

318 INDIAN TRACE
201
WESTON, FL 33326

FEI Number: 20-8086084 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUSSO, CHRISTOPHER S
18851 NE 29 AVE
#714
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

RUSSO, CHRISTOPHER S
318 INDIAN TRACE
201
WESTON, FL 33326 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: CHRISTOPHER RUSSO 04/28/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: RUSSO, CHRISTOPHER S
Address: 18851 NE 29 AVE #714
City-St-Zip: AVENTURA, FL 33180

Title: MGRM (X) Delete
Name: CRAVEIRO-RUSSO, ROSANGELA A
Address: 18851 NE 29 AVE #714
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: RUSSO, CHRISTOPHER S
Address: 318 INDIAN TRACE # 201
City-St-Zip: WESTON, FL 33326

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: CHRISTOPHER RUSSO MGRM 04/28/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date