2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Mar 19, 2007 8:00 am
Secretary of State
03-01-2007 90191 036 ****50.00

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02122007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000120682

1. Entity Name
513 MELALEUCA REALTY, LLC

Principal Place of Business	Mailing Address
2131 S.W. 27TH LANE FT. LAUDERDALE, FL 33312	2131 S.W. 27TH LANE FT. LAUDERDALE, FL 33312

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-8210165 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KAPLAN, HAROLD E
515 UNIVERSITY DRIVE
SUITE 203
CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent

Name HAROLD KAPLAN
Street Address (P.O. Box Number is Not Acceptable)
1515 N. UNIVERSITY DR
City CORAL SPRINGS FL Zip Code 33071

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (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	President ROBERT KATZ 2131 SW 27 Lane FT. LAUD, Fl 33312 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] 2/26/07 954-599-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #