


2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L07000001168		
1. Entity Name SEVILLA REALTY, LLC		

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 18 AM 9:41

Principal Place of Business 1751 SW 8 STREET POMPANO BEACH, FL 33069	Mailing Address 1751 SW 8 STREET POMPANO BEACH, FL 33069
--	--



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

05302008 Chg-LLC CR2E083 (12/06)

4. FEI Number 87-0796794	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 WALSH, ENDA MR 550 BILTMORE WAY, SUITE 730 CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Tim D. Henkel Street Address (P.O. Box Number is Not Acceptable) 18001 Old Cutler Road, Suite 600 Palmetto Bay, FL 33157 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 <i>Tim D. Henkel</i> Signature, typed or printed name of registered agent and title if applicable.	Registered Agent May 30, 2006 DATE (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$50.00	Make check payable to Florida Department of State
-----------------------	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR, Secretary WALSH, ENDA MR 550 BILTMORE WAY, SUITE 730 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR, Treasurer, CFO O'CLEIRIGH, MARGARET 550 BILTMORE WAY, SUITE 730 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR, President, CEO Rafael Nir 1751 S.W. 8th Street Pompano Beach, FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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

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: <i>Enda Walsh</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	6/6/08 305 529 1274 Date Daytime Phone #