2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
Mar 14, 2008 8:00 am
Secretary of State
01-30-2008 90097 022 ***143.75

30002213

DOCUMENT # L07000025954

1. Entity Name
TORRES REALTY INVESTMENTS, LLC

Principal Place of Business
333 POTTER ROAD
WEST PALM BEACH FL 33405
US

Mailing Address
333 POTTER ROAD
WEST PALM BEACH FL 33405
US

2. Principal Place of Business - No P.O. Box #: 333 Potter Rd.
Suite, Apt. #, etc.
City & State: W. Palm Beach, FL.
Zip: 33405 Country

3. Mailing Address: P.O. Box 2421
Suite, Apt. #, etc.
City & State: Palm Beach, FL.
Zip: 33480 Country

1st MOORE CR2E083 (10/07)

4. FEI Number ☐ Applied For ☑ Not Applicable

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

6. Name and Address of Current Registered Agent

RONALD M. GACHE, P.A.
ONE NO. CLEMATIS STREET
SUITE 500
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

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 ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	TORRES, BRAD E	
STREET ADDRESS	333 POTTER ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] 1/23/08 561-718-3072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #