

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000078222

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: A-1 PROPERTY MANAGEMENT & REALTY LLC

**Current Principal Place of Business:**

19910 NE 22 AVE  
MIAMI, FL 33180 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2880  
HALLANDALE, FL 33008 US

**New Mailing Address:**

PO BOX 2880  
HALLANDALE, FL 33008- US

FEI Number: 26-0636692

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GARAZI, ANA M  
19910 NE 22 AVE  
MIAMI, FL 33180 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GARAZI, ANA M  
Address: 19910 NE 22 AVE  
City-St-Zip: MIAMI, FL 33180 US

Title: MGRM ( ) Delete  
Name: STONE, PATRICIA  
Address: 19964 NE 19 PLACE  
City-St-Zip: MIAMI, FL 33179 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MAUTNER GARAZI, ANA M PRES.  
Address: 19910 NE 22 AVE  
City-St-Zip: MIAMI, FL 33180 US

Title: MGR (X) Change ( ) Addition  
Name: MAUTNER, MERCEDES V.PRES.  
Address: 7000 ISLAND BLVD. APT. 403  
City-St-Zip: AVENTURE, FL 33160 US

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: AMGARAZI

MGRM

04/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date