

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000119588

FILED
Feb 28, 2008
Secretary of State

Entity Name: GRAVITAS REALTY FUND LLC

Current Principal Place of Business:

800 OCEAN DRIVE, SECOND FLOOR
HOLLYWOOD, FL 33019

New Principal Place of Business:

Current Mailing Address:

800 OCEAN DRIVE, SECOND FLOOR
HOLLYWOOD, FL 33019

New Mailing Address:

FEI Number: 26-1514688

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLEIN, TED
8030 PETERS ROAD, SUITE D-104
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

EDERY, MOSHE
800 OCEAN DRIVE, SECOND FLOOR
HOLLYWOOD, FL 33019 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: MOSHE EDERY

02/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SAMUELS, BRUCE
Address: 800 OCEAN DRIVE, SECOND FLOOR
City-St-Zip: HOLLYWOOD, FL 33019

Title: MGR () Delete
Name: SAMUELS, DAVID
Address: 800 OCEAN DRIVE, SECOND FLOOR
City-St-Zip: HOLLYWOOD, FL 33019

Title: MGR () Delete
Name: ASH, HOWARD
Address: 800 OCEAN DRIVE, SECOND FLOOR
City-St-Zip: HOLLYWOOD, FL 33019

Title: MGR () Delete
Name: NURSE, BRUCE
Address: 800 OCEAN DRIVE, SECOND FLOOR
City-St-Zip: HOLLYWOOD, FL 33019

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: ALWEISS, IKE (IRA)
Address: 800 OCEAN DRIVE, SECOND FLOOR
City-St-Zip: HOLLYWOOD, FL 33019

Title: MGR () Change (X) Addition
Name: ALWEISS, ALAN
Address: 800 OCEAN DRIVE, SECOND FLOOR
City-St-Zip: HOLLYWOOD, FL 33019

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: BRUCE SAMUELS

MGR

02/28/2008

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