2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L07000121898

1. Entity Name
PRINCE REALTY, LLC



FILED Apr 29, 2008 8:00 am Secretary of State 04-29-2008 90022 016 ***138.75

l					<i>,</i>				
Principal Place of Business 400 ARTHUR GODFREY ROAD, SUITE 200 MIAMI BEACH, FL 33140		GODFREY ROAD, SUITE 200	Mailing Address 400 ARTHUR GODFREY ROAD, SUITE 200 MIAMI BEACH, FL 33140			6003126	1		
	2. Principal Pl	lace of Business - No P.O. Box #	3. Mailing Address						
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	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		03182008	Chg-LLC	CR2E08:	3 (12/06)	
İ	City & State	e	City & State		4. FEI Number			7 - 12 -	optied Fo
	Zip	Country	Zip	Country	5. Certificate o	f Status Desired		5.00 Add	
L		6. Name and Address of Currer	nt Registered Agent	L	7. Name and A	Address of New Re		<u> </u>	
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	ONE BISC	NËIMAN INTERIAN & BELLE AYNE TOWER, #3550 TH¦BISCAYNE BLVD	: I , P.A.	Street Addres	ss (P.O. Box Number	is Not Acceptable			
	MIAMI, FL	33131			<u></u>			I =	
L				City			FL	Zip Code	
		named entity submits this statement ions of registered agent.	for the purpose of changing its	registered office or regis	stered agent, or both	, in the State of Flor	ida. I am fa	miliar with,	and ac
	SIGNATURE .								
		Signature, typed or printed name of registered age	ent and title if applicable. (NOTI	E. Registered Agent signature req	quired when reinstating)		DATE		
) File	NOW!!! FEE IS \$138.75 7 1, 2008 Fee will be \$538.		E. Registered Agent signature req	quired when reinstating)		check pay Departmen	-	Đ
) File	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.		E. Registered Agent signature requ	uired when reinstating)		check pay Departmen	-	e
	FILE After May 9.	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.	75	10. 11/LE	guired when reinstating)	Florida	check pay Department	-	e Ac
	FILE After May	MANAGING MEMI MGR WOLMAN, PHILIP	BERS/MANAGERS	10.	uired when reinstating)	Florida	check pay Department	nt of State	
	FILE After May 9. TITLE NAME	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.	BERS/MANAGERS	10. TITLE NAME	uired when reinstating)	Florida	check pay Department	nt of State	
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^{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.