2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L95000000962

1. Entity Name IDEN FAMILY REALTY NO. 1, L.C.

Principal Place of Business

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: X

7519 LA PAZ BLVD., APT. 307C BOCA RATON, FL 33433 Mailing Address

7519 LA PAZ BLVD., APT. 307C BOCA RATON, FL 33433

Apr 13, 2004 08:00 AM Secretary of State

FILED



03162004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0465396 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

2123022900

Daytime Phone #

6. Name and Address of Current Registered Agent

BROOKE, PETER M 201 ALHAMBRA CIRCLE, SUITE 1200 CORAL GABLES, FL 33134

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8. The above the obligat	named entity submits this statement for the purpose of changi tions of registered agent.	ng its registered office or r	registered agent, or both, in the	State of Florida. I am familiar w	ith, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature	e required when reinstating)	DATE	-:
Fi D	iling Fee is \$50.00 ue by May 1, 2004		04.	U00000111865 13/04-80038-001	50M
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGRM IDEN, MITCHELL S 7519 LA PAZ BLVD., APT. 307C BOCA RATON, FL 33433			_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CHY-SI-ZIP			DO NO	T WRITE	
TITLE NAME SIRLET ADDRESS CHY+ST-ZIP			IN THI	S SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE