
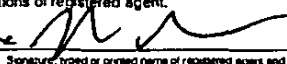
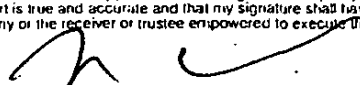


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 31, 2005 8:00 am
Secretary of State

05-31-2005 90647 017 ****50.00

DOCUMENT # L95000000962		
1. Entity Name IDEN FAMILY REALTY NO. 1, L.C.		
Principal Place of Business 7519 LA PAZ BLVD., APT. 307C BOCA RATON, FL 33433	Mailing Address 7519 LA PAZ BLVD., APT. 307C BOCA RATON, FL 33433	
DO NOT WRITE IN THIS SPACE		
		04122005No Chg-LLC CR2E083 (10/03)
4. FEI Number 65-0465396		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
5. Name and Address of Current Registered Agent BROOKE, PETER M 201 ALHAMBRA CIRCLE, SUITE 1200 CORAL GABLES, FL 33134		DO NOT WRITE IN THIS SPACE
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:  DATE: 4/15/05 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IDEN, MITCHELL S 7519 LA PAZ BLVD., APT. 307C BOCA RATON, FL 33433	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:  DATE: 4/15/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		