2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L95000000962

1. Entity Name

IDEN FAMILY REALTY NO. 1, L.C.



FILED Jan 29, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

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

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5. Certificate of Status Desired 🔲 🍷

\$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

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE. Registered Agent signature required when reinstating)

ार्ट प्राप्त के विकास प्रतिकार के अपने क्षेत्रके क्षेत्रक है। असी क्षेत्रक के किस के किस के किस के किस के किस के कुछ जा पूर्वक क्षित्र के विकास के किस DATE

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	IDEN, MITCHELL S
STREET ADDRESS	7519 LA PAZ BLVD., APT. 307C
CITY-ST-ZIP	BOCA RATON, FL 33433
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11. I hereby	certify that the information supplied with this filing does not qualify for the ex

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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.

SIGNATURE:

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

1/24/07 212302290