2005 LIMITED LIABILITY COMPANY '- ANNUAL REPORT

Feb 25, 2005 8:00 am **Secretary of State DOCUMENT # L96000001234** 1. Entity Name 02-25-2005 90024 011 ****50.00 DEKLE REALTY, L.C. Principal Place of Business Mailing Address 10556 N.W. 26TH ST., #D-203 10556 N.W. 26TH ST., #D-203 20015890 MIAMI, FL 33172 MIAMI, FL 33172 01072005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0712189 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ARROM, ORLANDO DO NOT WRITE 10556 N.W. 26TH STREET **SUITE 203** IN THIS SPACE MIAMI, FL 33172 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS MGRM TITLE LAU, GORDON NAME STREET ADDRESS 29 SPRING STREET, #5 CITY-ST-70P NEW YORK, NY 10012 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MILE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP 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 requirer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. **SIGNATURE:** MALIA MIDER, OH AUTHORIZED REPRESENTATIVE Daytime Phone (

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