07-29-2005 90082-001 **$5.00
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

14019100

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L98000000595

1. Entity Name
EASTSIDE REALTY COMPANY, L.L.C.

Principal Place of Business
161 BAHAMA AVENUE
KEY LARGO FL 33037

Mailing Address
161 BAHAMA AVENUE
KEY LARGO FL 33037

DO NOT WRITE IN THIS SPACE

07142005No Chg-LLC CR2E069 (10/05)

4. FEI Number
65-0847428

Applied For
Not Applicable

5. Certificate of Status Desired X $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KATZENELL, HERMAN
161 BAHAMA AVENUE
KEY LARGO, FL 33037

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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
(Signature, typed or printed name of registered agent and title if applicable) (Name of Registered Agent required when changed)

Filing Fee is $60.00
Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	KATZENELL, HERMAN
STREET ADDRESS	161 BAHAMA AVENUE
CITY-ST-ZIP	KEY LARGO, FL 33037
TITLE	MGR
NAME	KATZENELL, MARION
STREET ADDRESS	161 BAHAMA AVENUE
CITY-ST-ZIP	KEY LARGO, FL 33037
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 605, Florida Statutes.

SIGNATURE: _____ 4/27/06 305 394-9188
(TYPE OR PRINT NAME OF PERSON SIGNING) (TITLE OF AUTHORIZED REPRESENTATIVE) Date Daytime Phone #

ATTN: MICHELLE

PLEASE CALL TO CONFIRM RECIPT
HERMAN KATZENELL
305 451-2869