

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000000939

Entity Name: TORCH REALTY, L.L.C.

FILED
Apr 12, 2009
Secretary of State

Current Principal Place of Business:

15639 70TH TRAIL N.
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

15639 70TH TRAIL N.
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 65-0851283

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAKERDGE, ORIN
15639 70TH TRAIL N.
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHAKERDGE, ORIN
Address: 15639 70TH TRAIL N.
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGRM () Delete
Name: ZIETZ, DAVID
Address: 1080 HOLLAND DRIVE
City-St-Zip: BOCA RATON, FL 33487

Title: MGRM () Delete
Name: ZIETZ, SAM
Address: 1080 HOLLAND DRIVE
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: ZIETZ, SAM
Address: 1080 HOLLAND DRIVE
City-St-Zip: BOCA RATON, FL 33487

Title: MGRM (X) Change () Addition
Name: ZIETZ, DAVID
Address: 1080 HOLLAND DRIVE
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ORIN SHAKERDGE

MGRM

04/12/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date