


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L9900002217**  
 1. Entity Name  
 3600 REALTY ASSOCIATES, L.C.



Principal Place of Business      Mailing Address  
 1637 SE 14TH ST.      PO BOX 460546  
 FORT LAUDERDALE, FL 33316      FT. LAUDERDALE, FL 33346



04272005No Chg-LLC      CR2E083 (10/03)

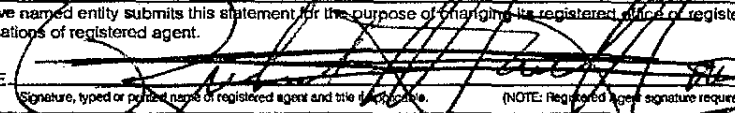
4. FEI Number 65-0921452	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
 HEWITT, RICHARD III  
 1637 SE 14TH ST.  
 FORT LAUDERDALE, FL 33316

**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:  *NO CHANGE*      DATE

Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered agent signature required upon reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

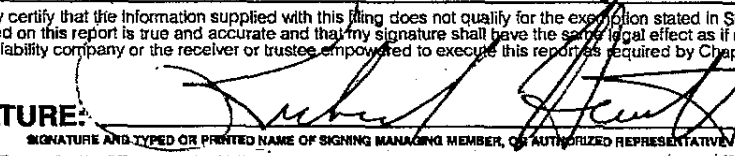
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEWITT, RICHARD III 1637 SE 14TH ST. FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEWITT, DONNA 1637 SE 14TH ST. FORT LAUDERDALE, FL 33316
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U00000349320  
 05/02/05-80084-012 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 719.07(3)(f), 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 818, Florida Statutes.

SIGNATURE:  *24 April 05 954-522-18*      DATE      Daytime Phone #

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