

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000008724

FILED  
May 03, 2005  
Secretary of State

Entity Name: FIRST FLORIDA REAL ESTATE INTERNATIONAL, LLC

**Current Principal Place of Business:**

2421 TERESA CIRCLE, #F  
TAMPA, FL 33629

**New Principal Place of Business:**

4818 W. SAN RAFAEL STREET  
TAMPA, FL 33629

**Current Mailing Address:**

2421 TERESA CIRCLE, #F  
TAMPA, FL 33629

**New Mailing Address:**

4818 W. SAN RAFAEL STREET  
TAMPA, FL 33629

FEI Number: 59-3638086      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ELKIND, MANUEL  
2421 TERESA CIRCLE, #F  
TAMPA, FL 33629      US

**Name and Address of New Registered Agent:**

ELKIND, MANUEL  
4818 W. SAN RAFAEL STREET  
TAMPA, FL 33629      US

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:

05/03/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: ELKIND, MANUEL  
Address: 2421 TERESA CIRCLE, #F  
City-St-Zip: TAMPA, FL 33629

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ELKIND, MANUEL  
Address: 4818 W. SAN RAFAEL STREET  
City-St-Zip: TAMPA, FL 33629

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MANUEL ELKIND

MBR

05/03/2005

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