2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # M02000003078

SWERDLOW REAL ESTATE GROUP, LLC



FILED Apr 28, 2005 8:00 am Secretary of State

04-28-2005 90024 007 ****55.00

Principal Place of Business Mailing Address 3390 MARY STREET 321 EAST HILLSBORO BLVD. 14002794 SUITE 200 DEERFIELD BEACH, FL 33441 US COCONUT GROVE, FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02242005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 01-0756765 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 City Zip Code 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 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE TITLE ☐ Delete ☐ Change ☐ Addition STOTZER, THEODORE NAME NAME STREET ADDRESS 321 EAST HILLSBORO BLVD. STREET ADDRESS DEERFIELD BEACH, FL 33441 CITY-ST-ZIP CITY-ST-ZIP MGRM Change TITLE ☐ Delete TITLE Addition SWERDLOW, MICHAEL NAME NAME 3390 MARY STREET, SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCONUT GROVE, FL 33133 TITLE MGRM ☐ Delete TITLE ☐ Change ☐ Addition ATZMON, SIDNEY NAME NAME STREET ADDRESS 18755 BISCAYNE BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-7P AVENTURA, FL 33180 ☐ Defete TIME ☐ Channe ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRTY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the receiper or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BY: April 15, 2005 (954) 949-3480 IG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE ZET, ILS MANAGING MEMBER.