

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004926

Entity Name: CITYSTYLE REALTY LLC

FILED
Mar 04, 2010
Secretary of State

Current Principal Place of Business:

1601 FORUM PLACE, SUITE 805
WEST PALM BEACH, FL 33401

New Principal Place of Business:

701 S. OLIVE AVENUE, SUITE 104
WEST PALM BEACH, FL 33401

Current Mailing Address:

1601 FORUM PLACE, SUITE 805
WEST PALM BEACH, FL 33401

New Mailing Address:

701 S. OLIVE AVENUE, SUITE 104
WEST PALM BEACH, FL 33401

FEI Number: 20-3294442

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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
Name: CLARKE, MICHAEL
Address: 701 S. OLIVE AVENUE, SUITE 104
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM
Name: JULIEN, ROBERT
Address: 701 S. OLIVE AVENUE, SUITE 104
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM
Name: CSAPO, JOHN
Address: 701 S. OLIVE AVENUE, SUITE 104
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM
Name: ERBSTEIN, HOWARD
Address: 701 S. OLIVE AVENUE, SUITE 104
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM
Name: MARCANTONIO, STEVE
Address: 701 S. OLIVE AVENUE, SUITE 104
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby 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: MICHAEL CLARKE

MGR

03/04/2010

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