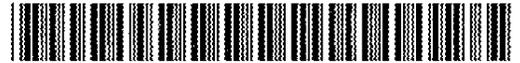


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000005569	
1. Entity Name CM REALTY, LLC	

Principal Place of Business 101 BENBRO DR. BUFFALO, NY 14225	Mailing Address 101 BENBRO DR. BUFFALO, NY 14225
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05032004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0673895	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHILLER, STEPHEN
11819 METRO PARKWAY
FT. MYERS, FL 33912

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

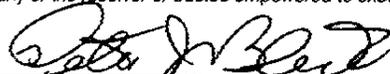
**Filing Fee is \$50.00
Due by September 8, 2004**

00000165636
07/12/04-90021-010 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHILLER, JEROME D 11819 METRO PARKWAY FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHILLER, STEPHEN J 11819 METRO PARKWAY FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  PETER J. BLENIZ 7/2/04