


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 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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**DO NOT WRITE IN THIS SPACE**



04252005No Chg-LLC CR2E083 (10/03)

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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

1101100352228  
05/04/05-80131-003 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
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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. BLENK** 4/25/05 (716) 681-8080  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #