

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90288 033 \*\*\*\*50.00

**DOCUMENT # L03000024259**

1. Entity Name  
**ORANGE BLOSSOM PREMIER ESTATES, LLC**



Principal Place of Business  
**C/O DAVID EMRANI  
4333 VETERANS MEM. HWY.  
RONKONKOMA, NY 11779 US**

Mailing Address  
**C/O DAVID EMRANI  
4333 VETERANS MEM. HWY.  
RONKONKOMA, NY 11779 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

**16-1675097**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOSEPH, JERRY  
100. GOLDEN ISLES DRIVE  
SUITE 1204  
HALLANDALE BEACH, FL 33009**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MRRM  
EMRANI, DAVID  
4333 VETERANS MEMORIAL HWY.  
RONKONKOMA, NY 11779** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
EMRANI, ROYA  
4333 VETERANS MEMORIAL HWY.  
RONKONKOMA, NY 11779** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
YAGHOUBZADEH, SHAHRAM  
377 FIFTH AVENUE, 5TH FLOOR  
NEW YORK, NY 10016** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
YAGHOUBZADEH, YVETTE  
377 FIFTH AVENUE, 5TH FLOOR  
NEW YORK, NY 10016** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
DOLLINGER, MATTHEW  
ONE OLD COUNTRY ROAD  
CARLE PLACE, NY 11514** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
DOLLINGER, DIANE  
ONE OLD COUNTRY ROAD  
CARLE PLACE, NY 11514** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**3/21/05**