


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000027113

1. Entity Name
 NJRE, LLC



Principal Place of Business C/O LINETT, SCHECHTER, REICHER & OFSEVIT 810 SEVENTH AVE, 10TH FLOOR NEW YORK, NY 10019	Mailing Address C/O LINETT, SCHECHTER, REICHER & OFSEVIT 810 SEVENTH AVE, 10TH FLOOR NEW YORK, NY 10019
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04192006 No Chg-LLC CR2E083 (11/05)

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4. FEI Number 20-0128786	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

SWINDLING, SANDY
 C/O MOORE, STEPHENS, LOVELACE, P.A.
 14750 NW 77 CT, STE 200
 MIAMI LAKES, FL 33016

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee Is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHARF, MANUEL 1608 59TH STREET BROOKLYN, NY 11204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WARLOW, MELISSA PO BOX 345 SPARKS GLENCOE, MD 21152
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 05/13/06-80002-025 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Manuel Scharf **MANUEL SCHARF** 4/24/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #