

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90036 036 ****50.00

DOCUMENT # L03000027412

1. Entity Name
ENGELBERG ROYAL YORK, LLC



Principal Place of Business Mailing Address
 3230 STIRLING ROAD, SUITE 1 3230 STIRLING ROAD, SUITE 1
 HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021

40026739



2. Principal Place of Business 3. Mailing Address
4040 Sheridan Street **4040 Sheridan Street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

03272006 Chg-LLC CR2E083 (11/05)

City & State City & State
Hollywood, Florida **Hollywood, Florida**

Zip Country Zip Country
33021 **USA** **33021** **USA**

4. FEI Number Applied For
42-1600238 Not Applicable

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
ENGELBERG, MORRIS 3230 STIRLING ROAD, SUITE 1 HOLLYWOOD, FL 33021	Name Street Address (P.O. Box Number is Not Acceptable) 4040 Sheridan Street City Hollywood FL Zip Code 33021

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 **Morris Engelberg, Esq.** *Morris Engelberg* **03/27/2006**
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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ENGELBERG, MORRIS 3230 STIRLING ROAD, SUITE 1 HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	4040 Sheridan Street Hollywood, Florida 33021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 partner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Morris Engelberg* **Morris Engelberg, MGR** **03/27/2006** **954-966-3300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #