


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 05, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000041208</b> 1. Entity Name C2 FLORIDA REALTY, LLC	
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Principal Place of Business 1304 NORTH BROAD STREET HILLSIDE, NJ 07205 US	Mailing Address 1304 NORTH BROAD STREET HILLSIDE, NJ 07205 US
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03292006 No Chg-LLC      CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 47-0942069	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LENOFF, STEVEN  
 1761 WEST HILLSBORO BOULEVARD  
 SUITE 405  
 DEERFIELD BEACH, FL 33442

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

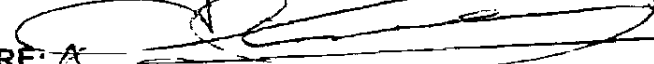
Filing Fee is \$50.00  
 Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DANA, VITTORIO 1304 NORTH BROAD STREET HILLSIDE, NJ 07205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARA, VICTOR 1304 NORTH BROAD STREET HILLSIDE, NJ 07205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EL MANN, JOSEPH 1304 NORTH BROAD STREET HILLSIDE, NJ 07205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELMANN, CHARLES 1304 N BROAD ST HILLSIDE, NJ 07205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EL MANN, JOSEPH 1304 NORTH BROAD STREET HILLSIDE, NJ 07205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EL MANN, JOSEPH 1304 NORTH BROAD STREET HILLSIDE, NJ 07205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EL MANN, JOSEPH 1304 NORTH BROAD STREET HILLSIDE, NJ 07205

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 04/13/06-80090-002 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:       a 4/02/06 9054369J