2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000018230

1. Entity Name 401 FRANKLIN SOUTH, LLC



FILED
Jan 11, 2008 08:00 AN
Secretary of State

Principal Place of Business

38 VANAD DRIVE ROSLYN, NY 11576 Mailing Address 38 VANAD DRIVE ROSLYN, NY 11576



01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 41-2167405

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ADELS, GEORGE 9804 ARBOR VIEW DRIVE SOUTH BOYNTON BEACH, FL 33437

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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

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.78

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HURWITZ, CHARLES 38 VANAD DRIVE ROSLYN, NY 11576
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADELS, ELIZABETH 38 VANAD DRIVE ROSLYN, NY 11576
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCDONNELL, PATRICK 1655 STEWART AVENUE NEW HYDE PARK, NY 11040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCDONNELL, LAURA 1655 STEWART AVENUE NEW HYDE PARK, NY 11040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:

URE:

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

1/7/2:08

5/6-22 507/

Date

Daytime Phone ∉