

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90205 008 ***143.75

DOCUMENT # L05000030232

1. Entity Name
BETHESDA REALTY, L.L.C.



Principal Place of Business
**273 SANFORD AVENUE
PALM BEACH, FL 33480**

Mailing Address
**273 SANFORD AVENUE
PALM BEACH, FL 33480**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03032008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5190345

Applied For
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

**JACOBSON, ESTA ANN
273 SANFORD AVENUE
PALM BEACH, FL 33480**

Name **Esta Ann Jacobson**

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

273 Sanford Ave

City **Palm Beach**

FL

Zip Code
33480

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 \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MSR** ☒ Delete
NAME **JACOBSON, BAUL**
STREET ADDRESS **170 STATE ST.**
CITY - ST - ZIP **BROOKLYN, NY 11201**

TITLE **MGR, Jacaranda LLC** ☒ Change ☐ Addit
NAME **Esta Ann Jacobson.**
STREET ADDRESS **273 Sanford Ave.**
CITY - ST - ZIP **Palm Beach, FL 33480**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addit
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CITY - ST - ZIP

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: **Esta Ann Jacobson**