

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 14, 2006 8:00 am**  
**Secretary of State**

07-14-2006 90091 042 \*\*\*\*50.00

<b>DOCUMENT # L05000082777</b>					
<b>1. Entity Name</b> 3023 ALZAZAR PLACE, LLC					
<b>Principal Place of Business</b> 7 WEST 36TH STREET, 15TH FLOOR C/O SCHULMAN, WOLFSON, PACCI & ABRUZZO NEW YORK, NY 10018			<b>Mailing Address</b> 7 WEST 36TH STREET, 15TH FLOOR C/O SCHULMAN, WOLFSON, PACCI & ABRUZZO NEW YORK, NY 10018		
<b>2. Principal Place of Business</b> 7 WEST 36TH ST - 15TH FLOOR Suite, Apt. #, etc. C/O SCHULMAN, WOLFSON, PACCI & ABRUZZO City & State NEW YORK NY Zip 10018 Country USA		<b>3. Mailing Address</b> 7 WEST 36TH ST - 15TH FL Suite, Apt. #, etc. C/O SCHULMAN, WOLFSON, PACCI & ABRUZZO City & State NEW YORK NY Zip 10018 Country USA			
<b>4. FEI Number</b> 80-3562798		07062006    Chg-LLC    CR2E083 (11/05)			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required		<b>Applied For</b> <input type="checkbox"/> Not Applicable			
<b>6. Name and Address of Current Registered Agent</b> WEXLER, MARC 3740 SO. OCEAN BLVD., UNIT 1005 HIGHLAND BEACH, FL 33487			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by September 6, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOLFSON, DAVID 7 WEST 36TH STREET, 15TH FLOOR NEW YORK, NY 10018	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HURAMI, WILLIAM 7 WEST 36TH STREET, 15TH FLOOR NEW YORK, NY 10018	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	
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	
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	
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	
<b>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.</b>					
<b>SIGNATURE:</b>			7/10/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date    Daytime Phone #		