
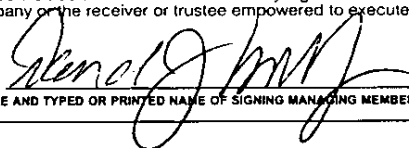


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 06, 2007 8:00 am**  
**Secretary of State**

07-06-2007 90036 012 \*\*\*\*50.00

<b>DOCUMENT # L05000082777</b> 1. Entity Name 3023 ALZAZAR PLACE, LLC					
Principal Place of Business 7 WEST 36TH STREET, 15TH FLOOR C/O SCHULMAN, WOLFSON, PACCI & ABRUZZO NEW YORK, NY 10018			Mailing Address 7 WEST 36TH STREET, 15TH FLOOR C/O SCHULMAN, WOLFSON, PACCI & ABRUZZO NEW YORK, NY 10018		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State  Zip      Country			City & State  Zip      Country		
4. FEI Number 20-3562798				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				07022007    Chg-LLC    CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  WEXLER, MARC 3740 SO. OCEAN BLVD., UNIT 1005 HIGHLAND BEACH, FL 33487			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>		<b>Make check payable to 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	MGRM HARAMIS, WILLIAM 7 WEST 36TH ST - 15 FLOOR NEW YORK NY 10018	<input checked="" 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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HARAMIS, WILLIAM 7 WEST 36TH ST - 15 FLOOR NEW YORK NY 10018	<input checked="" 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b> 			7/2/07    212-868-5781		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date      Daytime Phone #		