

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000082777
 1. Entity Name
 3023 ALZAZAR PLACE, LLC



FILED
Jul 11, 2008 08:00 AM
Secretary of State

Principal Place of Business Mailing Address
 7 WEST 36TH STREET, 15TH FLOOR 7 WEST 36TH STREET, 15TH FLOOR
 C/O SCHULMAN, WOLFSON, PACCI & ABRUZZO C/O SCHULMAN, WOLFSON, PACCI & ABRUZZO
 NEW YORK, NY 10018 NEW YORK, NY 10018



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06272008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3562798	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent
 WEXLER, MARC
 3740 SO. OCEAN BLVD., UNIT 1005
 HIGHLAND BEACH, FL 33487

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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: *Sandy J. Wolfson* DATE: *6/30/08*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOLFSON, DAVID 7 WEST 36TH STREET, 15TH FLOOR NEW YORK, NY 10018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARAMIS, WILLIAM 7 WEST 36TH STREET, 15TH FLOOR NEW YORK, NY 10018
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 07/11/08-80005-025 138.75

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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: *Sandy J. Wolfson* *David J. Wolfson* DATE: *6/30/08* DAYTIME PHONE #: *917-843-4413*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #