


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000104457 1. Entity Name 3900 CORAL RIDGE DRIVE ASSOCIATES, LLC	
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FILED
Jul 15, 2008 08:00 AM
Secretary of State

Principal Place of Business 100 N. VILLAGE AVENUE SUITE 37 ROCKVILLE CENTER, NY 11570 US	Mailing Address 100 N. VILLAGE AVENUE SUITE 37 ROCKVILLE CENTER, NY 11570 US
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07082008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5802785	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

CLIFFORD I. HERTZ, P.A.
 ONE NO. CLEMATIS STREET
 SUITE 500
 WEST PALM BEACH, FL 33401

DO NOT WRITE
IN THIS SPACE

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 _____

FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008

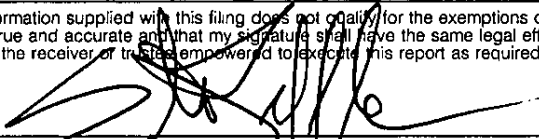
U00000954973
 07/15/08-80005-024 543.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LEFFLER, STEVE
STREET ADDRESS	100 N. VILLAGE AVENUE, SUITE 37
CITY-ST-ZIP	ROCKVILLE CENTER, NY 11570
TITLE	MGRM
NAME	ZUCKERBROT, SANFORD
STREET ADDRESS	35-11 35TH AVENUE
CITY-ST-ZIP	LONG ISLAND CITY, NY 11106
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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:  Date: 7/8/08 Daytime Phone #: 516 766 1188

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