


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 14, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| DOCUMENT # L95000000715<br>1. Entity Name<br>MASSRY FLORIDA, L.C. |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>BELLA VISTA MID-RISE N.<br>20165 N.E. 39TH PL.<br>AVENTURA, FL 33180 | Mailing Address<br>BELLA VISTA MID-RISE N.<br>20165 N.E. 39TH PL.<br>AVENTURA, FL 33180 |
|---|---|



04062004 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>14-1785920                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

MASSRY, MORRIS  
 BELLA VISTA MID-RISE N.  
 20165 N.E. 39TH PL.  
 AVENTURA, FL 33180

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

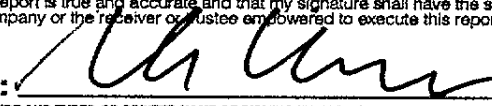
**Filing Fee is \$50.00  
 Due by May 1, 2004**

000000112580  
 04/14/04-80025-025 50.00

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>MASSRY, MORRIS<br>20165 N.E. 39TH PLACE<br>AVENTURA, FL 33180 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>BIBAS, JACK<br>17 LANDING CREEK<br>WILLIAMSVILLE, NY 14221   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>BOSSERT, MICHAEL<br>22 HILANDER DR<br>ALBANY, NY 12211       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  Morris Massry 04/07/04 (305)937-1795  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #