


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L95000000715</b>	
1. Entity Name MASSRY FLORIDA, L.C.	

Principal Place of Business BELLA VISTA MID-RISE N. 20165 N.E. 39TH PL AVENTURA, FL 33180	Mailing Address BELLA VISTA MID-RISE N. 20165 N.E. 39TH PL AVENTURA, FL 33180
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**DO NOT WRITE IN THIS SPACE**



04122005 No Chg-LLC	CR2E083 (10/03)
4. FEI Number 14-1785920	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	
MASSRY, MORRIS BELLA VISTA MID-RISE N. 20165 N.E. 39TH PL AVENTURA, FL 33180	

**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 reconstituting)

**Filing Fee is \$50.00  
 Due by May 1, 2005**

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

**DO NOT WRITE IN THIS SPACE**

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04/16/05-80070-013.50.00

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 4/13/05 937-1795 (305)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #