

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L95000000715

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**



01182006 No Chg-LLC

CRZE083 (11/05)

DO NOT WRITE IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2006**

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	

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**DO NOT WRITE
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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 623, Florida Statutes.

SIGNATURE: _____

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

MORRIS MASSRY

2/27/06 (303) 937-1795

Date

Daytime Phone #