


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007 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
---	---

DO NOT WRITE IN THIS SPACE



03302007 No Chg-LLC CR2E083 (11/05)

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

**Filing Fee is \$50.00
 Due by May 1, 2007**

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	

U00000704781
 04/23/07-80022-023 50.00

DO NOT WRITE 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: Michael Bossert Michael Bossert 4/9/07 518-862-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #