


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L9500000715 1. Entity Name MASSRY FLORIDA, L.C.	
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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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04112008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000907906  
 05/06/08-80008-017 138.75

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**

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:**  *MORRIS MASSRY* 4/16/08 518-862-6600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #