


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Mar 17, 2008 08:00 A
Secretary of State**

DOCUMENT # L99000003266 1. Entity Name 1161 OF DELRAY, LLC.	
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Principal Place of Business P.O. BOX 803 KATONAH, NY 10536	Mailing Address P.O. BOX 803 KATONAH, NY 10536
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DO NOT WRITE IN THIS SPACE



03132008No Chg-LLC CR2E083 (12/07)

4. FEI Number 13-4066791	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

LOUIS J. CARBONE, P.A.
65 NE 4TH AVENUE
DELRAY BEACH, FL 33483

**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 re-registering)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSNER, CHARLES P.O. BOX 803 KATONAH, NY 10536
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04/03/08-80004-003 138.75

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: Charles Rosner

3/13/08

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

Date Daytime Phone #