2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000006469

1. Entity Name
LILTON REALTY LLC

Principal Place of Business	Mailing Address
4 PARK AVENUE, 3RD FLOOR NEW YORK, NY 10016	C/O WILLIAM WEST 4 PARK AVE., 3RD FLOOR NEW YORK, NY 10016

DO NOT WRITE IN THIS SPACE

07232007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
58-2532888	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH,LTD., INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301

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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 reinstating)   DATE

Filing Fee is $50.00
Due by September 14, 2007

U00000771265
08/02/07-80004-025 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MEM
NAME	WEST, WILLIAM
STREET ADDRESS	C/O CHARLES H. GREENTHAL, 4 PARK AVENUE
CITY-ST-ZIP	NEW YORK, NY 10016
TITLE	MEM
NAME	WEST, BERNARD
STREET ADDRESS	C/O CHARLES H. GREENTHAL, 4 PARK AVE.
CITY-ST-ZIP	NEW YORK, NY 10016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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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: _____   7/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #