

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90224 010 ***138.75

DOCUMENT # L04000043709
 1. Entity Name
 251 LEXINGTON AVENUE REALTY CO., LLC



Principal Place of Business Mailing Address
 141 E. 45TH STREET 141 E. 45TH STREET
 C/O HENRY J. KASSIS C/O HENRY J. KASSIS
 NEW YORK NY 10017 NEW YORK NY 10017



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 C/O HENRY KASSIS, KASSIS MGMT C/O HENRY KASSIS
 INC KASSIS MGMT INC
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 271 MADISON AVE RM 1000 271 MADISON AVE RM 1000

1st MOORE CR2E083 (10/07)

City & State City & State
 NEW YORK, N.Y. NEW YORK, N.Y.
 Zip Country Zip Country
 10016 USA 10016 USA

4. FEI Number 01-0710161 Applied For Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 EVANS, LESLIE R
 214 BRAZILIAN AVE, STE 200
 PALM BEACH FL 33480

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KASSIS, HENRY J	
STREET ADDRESS	141 E. 45TH STREET	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KASSIS, BARBARA	
STREET ADDRESS	141 E. 45TH STREET	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	KASSIS, HENRY J	
STREET ADDRESS	141 E. 45TH STREET	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY J. KASSIS	
STREET ADDRESS	271 MADISON AVE RM 1000	
CITY-ST-ZIP	NEW YORK, N.Y. 10016	
TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBARA KASSIS	
STREET ADDRESS	271 MADISON AVE RM 1000	
CITY-ST-ZIP	NEW YORK, N.Y. 10016	
TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY J. KASSIS	
STREET ADDRESS	271 MADISON AVE RM 1000	
CITY-ST-ZIP	NEW YORK, N.Y. 10016	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ Date: 2/27/08
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone # _____