

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

05-07-2008 90021 047 ***138.75

DOCUMENT # M05000003974

1. Entity Name
88TH STREET REAL ESTATE MANAGEMENT I, L.L.C.



Principal Place of Business
4065 BRIARWOOD AVENUE
SEAFORD, NY 11783

Mailing Address
4065 BRIARWOOD AVENUE
SEAFORD, NY 11783



04042008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

| | |
|---------------------------------|-------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
|---------------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

FEINBERG, JEFFREY ESQUIRE
4000 HOLLYWOOD BLVD., SUITE 350-N
HOLLYWOOD, FL 33021

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|-----------------------|
| TITLE | MGRM |
| NAME | WEBER, LEO |
| STREET ADDRESS | 4065 BRIARWOOD AVENUE |
| CITY-ST-ZIP | SEAFORD, NY 11783 |

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| STREET ADDRESS | |
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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: _____

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

4-25-08

Date

954-366-0759

Daytime Phone #