2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000109734

Entity Name: ASTORIA REALTY DEVELOPMENT LLC

Current Principal Place of Business:

393 OLD COUNTRY RD SUITE 300 CARLE PLACE, NY 11514

Current Mailing Address:

393 OLD COUNTRY RD SUITE 300 CARLE PLACE, NY 11514 US

FEI Number: 47-4474692

Name and Address of Current Registered Agent:

DERRY, ROBERT 243 SOUTH WASHINGTON BLVD SUITE 231 SARASOTA, FL 34236 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

| | Title | AP | Title | AP |
|--|-----------------|--------------------------------|-----------------|------------------------------|
| | Name | ROSEN, ALAN | Name | BIOK, ALAN |
| | Address | 393 OLD COUNTRY RD SUITE 300 | Address | 393 OLD COUNTRY RD SUITE 300 |
| | City-State-Zip: | CARLE PLACE NY 11514 | City-State-Zip: | CARLE PLACE NY 11514 |
| | | | | |
| | Title | AP | Title | MGR |
| | Name | BOIK, ALAN | Name | PLUNKETT, MICHAEL |
| | Address | 393 OLD COUNTRY RD SUITE 300 | Address | 393 OLD COUNTRY RD SUTE 300 |
| | | | Citv-State-Zip: | CARLE PLACE NY 11514 |
| | City-State-Zip: | CARLE PLACE SUITE 300 NY 11514 | City-State-Zip. | CARLE FLACE NT 11514 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

MGR

SIGNATURE: MICHAEL PLUNKETT

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 11, 2016 Secretary of State CC5795248413

Certificate of Status Desired: No

Date