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

## Feb 06, 2008 8:00 am **DOCUMENT # L00000007889** Secretary of State 1. Entity Name 02-06-2008 90121 015 \*\*\*138.75 GREENE/LEDERMAN, L.L.C. Principal Place of Business Mailing Address 2123 NORTHWEST 62ND DRIVE 2123 NORTHWEST 62ND DRIVE **BOCA RATON FL 33496 BOCA RATON FL 33496** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State Applied For 4. FEI Number 65-1012657 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREENE, RICHARD S Street Address (P.O. Box Number is Not Acceptable) 2123 NORTHWEST 62ND DRIVE **BOCA RATON FL 33496** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or poth, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or period name of registered agont and title if applicable INOTE Registered Agent signature required when reinstating) 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 10. ADDITIONS/CHANGES COA TITLE ☐ Dolete TiTLE ☐ Change ☐ Addition NAME GREENE, RICHARD S NAME STREET ADDRESS STREET ADDRESS 2123 NW 62ND DR. CITY - ST- 7IP **BOCA RATON FL 33496** CITY-ST-Z:P DILE ☐ Delete TITLE Change Addition GREENE, EDYTHE P NAME NAME STREET ADDRESS 2123 NW 62ND DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP **BOCA RATON FL 33496** THILE ☐ Delete TITLE Addition Change LEPERMAN, BRUCE DR NAME LEDERMAN, BRUCE DR NAME STREET ADDRESS STREET AUDRESS 16 DANIEL DR PO BOX 13 CITY-ST-ZIP CITY-ST-Z:P ALPINE NJ 07620 ENGLEWOOD N.J 07631 MGRM TITLE Delete TITLE Change ☐ Addition GREENE, ROBERT NAME MAME STREET ADDRESS 6 EN PROVENCE STREET ADDRESS CHERRY HILL NJ 08003 CITY-ST-ZIP MGRN MGRM TITLE ☐ Delete TITLE Change Change Addition GREENE, SHERTL J. DR GREENE, SHERYL J DR 69 5TH AVE APT 7H 392 CENTRAL PARK W. APT 6N STREET ADDRESS STREET ADDRESS NEW YORK NY 10003 CITY-ST-ZIF CITY-ST-ZIP NEWYORK, N.Y. 10025 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CfTY-ST-ZIP CITY-ST-7'P 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 eceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

FILED