2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000013905

1. Entity Name
NEPTUNE BEACH, FL REALTY LLC



Principal Place of Business

485 MADISON AVE., 24TH FLOOR NEW YORK CITY, NY 10022 Mailing Address

485 MADISON AVE., 24TH FLOOR NEW YORK CITY, NY 10022

FILED Mar 30, 2006 8:00 am Secretary of State

03-30-2006 90192 026 ****50.00

Willy rose



02162006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 13-4144785 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

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8. The above the obligat	named entity submits this statement for the purpose of chations of registered agent.	anging its registered	d office or registered agent, or both, in the	State of Florida. I am familiar with, and accept
SIGNATURE				
	Signature, typed or printed name of registered agent and little if applicable.	(NOTE: Registered A	Agent signature required when reinstating)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS	· · · · · · · · · · · · · · · · · · ·		
TITLE	MGRM			
NAME	TLM REALTY CORP			
STREET ADDRESS	485 MADISON AVE., 24TH FLOOR			
CITY-ST-ZIP	NEW YORK CITY, NY 10022			•
TITLE	Р			
NAME	OEHL, RONALD J			
STREET ADDRESS	TLM REALTY CORP, 485 MADISON AVE			
CITY-SI-ZIP	NEW YORK, NY 10022			
TITLE				
NAME				
STREET ADDRESS			DO NO	T MOITE
CITY-ST-ZIP			שו טט וויכ	OT WRITE
TITLE			IN THE	S SPACE
NAME			214 1141	3 SFACE
STREET ADDRESS				
CITY-SI-ZIP				
TITLE				
NAME				
STREET ADDRESS				:
CITY-ST-ZIP				
TITLE				

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:

NAME STREET ADDRESS CITY-ST-ZIP

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

2/20/06

212-183-4572

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