


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L01000009038</b>		
1. Entity Name KORNFELD WEST 37TH STREET, LLC		
Principal Place of Business 719 NORTH OCEAN BLVD. C/O STEPHEN KORNFELD DELRAY BEACH, FL 33484	Mailing Address 719 NORTH OCEAN BLVD. C/O STEPHEN KORNFELD DELRAY BEACH, FL 33484	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  KORNFELD, STEPHEN 719 NORTH OCEAN BLVD. DELRAY BEACH, FL 33483		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KORNFELD, STEPHEN H 719 NORTH OCEAN BOULEVARD DELRAY BEACH, FL 33483	
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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: <u>Stephen Kornfeld</u> <u>Stephen Kornfeld</u> <u>3/21/08</u> <u>581-278-2418</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		



01072008No Chg-LLC CR2E083 (12/07)

4. FEI Number 90-0033193	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**