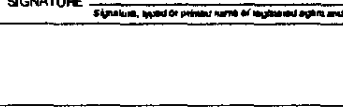
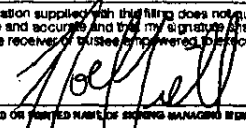


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90192 024 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

30064077

DOCUMENT # L02000009560					
1. Entity Name TAB REALTY, LLC					
Principal Place of Business 11215 MARINA BAY ROAD WELLINGTON, FL 33467			Mailing Address 11215 MARINA BAY ROAD WELLINGTON, FL 33467		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FFI Number 02-0598705	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TIELL, NOEL 11215 MARINA BAY ROAD WELLINGTON, FL 33467			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 date if applicable. (NOTE: Registered Agent signature required when missing) DATE					
 					
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BRAVAR, ROBERT		NAME		
STREET ADDRESS	670 WASHINGTON AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PLAINVIEW, NY 11803		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ATHAN, STEVEN		NAME		
STREET ADDRESS	49 WESTCLIFF DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DIX HILLS, NY 11748		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	TIELL, NOEL		NAME		
STREET ADDRESS	11215 MARINA BAY ROAD		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33467		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ATHAN, BRIAN		NAME		
STREET ADDRESS	32 GEORGE AVENUE		STREET ADDRESS		
CITY-ST-ZIP	HICKSVILLE, NY 11801		CITY-ST-ZIP		
TITLE	MGRM	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	FELZER, CRAIG		NAME		
STREET ADDRESS	8800 BOULEVARD EAST, APT 3-C		STREET ADDRESS		
CITY-ST-ZIP	NORTH BERGEN, NJ 07047		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 prepare this report as required by Chapter 606, Florida Statutes.					
SIGNATURE:  4/26/03 5616327302					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

CH2003 (10/02)