


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000034047 1. Entity Name 8430 ROOSEVELT LLC	
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Principal Place of Business 49 PEACH DRIVE ROSLYN, NY 11576	Mailing Address 49 PEACH DRIVE ROSLYN, NY 11576
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DO NOT WRITE IN THIS SPACE



01122005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 54-2086811	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HALPERN, ARON 1500 S. HOLLYWOOD DRIVE APT. 14K HOLLYWOOD, FL 33019	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent Signature required when reappointing)

Signature, typed or printed name of registered agent and title if applicable

DATE

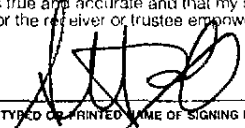
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BAXT, STEWART 49 PEACH DR ROSLYN, NY 11576
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01/25/05-80037-001 450.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **1/12/05** **516 484 4265**

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

DATE PHONE #