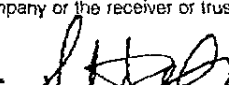


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000034068 1. Entity Name 8426 ROOSEVELT LLC					
Principal Place of Business 49 PEACH DRIVE ROSLYN NY 11576			Mailing Address 49 PEACH DRIVE ROSLYN NY 11576		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 54-2086811	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HALPERN, ARON 1500 S. OCEAN DRIVE APT. 14K HOLLYWOOD FL 33019				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGR	☐ Delete			
NAME	BAXT, STEWART				
STREET ADDRESS	49 PEACH DR				
CITY-ST-ZIP	ROSLYN NY 11576				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
10. ADDITIONS/CHANGES					
TITLE		☐ Change	☐ Add		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change	☐ Add		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change	☐ Add		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change	☐ Add		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  1/24/06 516 484 4265					