2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

9/13/2004-90132-044-$50.00-$50.00

FILED

04 OCT 18 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000017228

1. Entity Name

S & R REALTY LLC

Principal Place of Business	Mailing Address
C/O RICAHRD CARRUS 15 DELAWARE AVE. JERICHO NY 11753	C/O RICAHRD CARRUS 15 DELAWARE AVE. JERICHO NY 11753

2. Principal Place of Business	3. Mailing Address
812 INDIAN LAKE DR Suite, Apt. #, etc.	C/O RICHARD CARRUS 15 DELAWARE AVE Suite, Apt. #, etc.
City & State: INDIAN LAKES ESTATES, FL	City & State: JERICHO NY
Zip: 33855 Country: USA	Zip: 11753 Country: USA

MOORE CR2E083 (4/04)

4. FEI Number 75-3154486 ☐ 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
MILBERG, SIMON 812 INDIAN LAKE DR. INDIAN LAKE ESTATES FL 33855	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER RICHARD CARRUS 15 DELAWARE AVE JERICHO, NY 11753	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER SIMON MILBERG PO Box 7793 INDIAN LAKE ESTATES, FL 33855	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ RICHARD CARRUS, MEMBER 9/3/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #