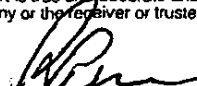


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

DOCUMENT # L03000017228 1. Entity Name S & R REALTY LLC						FILED 04 OCT 18 PM 3:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA 20040819 	
Principal Place of Business C/O RICHARD CARRUS 15 DELAWARE AVE. JERICHO NY 11753				Mailing Address C/O RICHARD CARRUS 15 DELAWARE AVE. JERICHO NY 11753			
2. Principal Place of Business 812 INDIAN LAKE DR Suite, Apt. #, etc.		3. Mailing Address P.O. RICHARD CARRUS 15 DELAWARE AVE Suite, Apt. #, etc.		MOORE CR2E083 (4/04)			
City & State INDIAN LAKE ESTATES, FL Zip 33855 Country USA		City & State JERICHO NY Zip 11753 Country USA		4. FEI Number 75-315486		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent MILBERG, SIMON 812 INDIAN LAKE DR INDIAN LAKE ESTATES FL 33855			
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 re-registering) DATE _____							
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 MANAGING MEMBER ☐ Delete NAME RICHARD CARRUS STREET ADDRESS 15 DELAWARE AVE CITY-ST-ZIP JERICHO, NY 11753				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE MANAGING MEMBER ☐ Delete NAME SIMON MILBERG STREET ADDRESS P.O. BOX 7793 CITY-ST-ZIP INDIAN LAKE ESTATES, FL 33855				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 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 execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE:  RICHARD CARRUS, MEMBER 9/13/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE							