

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000017228**

1. Entity Name

**S & R REALTY LLC**



Principal Place of Business

**812 INDIAN LAKE DR  
INDIAN LAKE ESTATE, FL 33855**

Mailing Address

**C/O RICHARD CARRUS  
15 DELAWARE AVE  
JERICO, NY 11753**



02082006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**75-3115486**

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**

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CARRUS, RICHARD
STREET ADDRESS	15 DELAWARE AVE
CITY-ST-ZIP	JERICO, NY 11753
TITLE	MGRM
NAME	MILBERG, SIMON
STREET ADDRESS	PO BOX 7793
CITY-ST-ZIP	INDIAN LAKE ESTATES, FL 33855
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000469568  
03/27/06-80005-004 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 owner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

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

*Richard Carrus*

Date

Daytime Phone #

*3/16/06* *516 997 1110*