

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90036 036 \*\*\*\*50.00

**DOCUMENT # L03000027412**

1. Entity Name  
**ENGELBERG ROYAL YORK, LLC**



Principal Place of Business  
**3230 STIRLING ROAD, SUITE 1  
HOLLYWOOD, FL 33021**

Mailing Address  
**3230 STIRLING ROAD, SUITE 1  
HOLLYWOOD, FL 33021**

**40026739**



03272006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business  
**4040 Sheridan Street  
Suite, Apt. #, etc.**

3. Mailing Address  
**4040 Sheridan Street  
Suite, Apt. #, etc.**

City & State  
**Hollywood, Florida**

City & State  
**Hollywood, Florida**

4. FEI Number  
**42-1600238**

Applied For  
☐ Not Applicable

Zip  
**33021**

Country  
**USA**

Zip  
**33021**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ENGELBERG, MORRIS  
3230 STIRLING ROAD, SUITE 1  
HOLLYWOOD, FL 33021**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**4040 Sheridan Street**

City  
**Hollywood** **FL** Zip Code  
**33021**

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 **Morris Engelberg, Esq.**  
Signature, typed or printed name of registered agent and title if applicable

**03/27/2006**  
DATE

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

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
ENGELBERG, MORRIS  
3230 STIRLING ROAD, SUITE 1  
HOLLYWOOD, FL 33021** ☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**4040 Sheridan Street  
Hollywood, Florida 33021** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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CITY - ST - ZIP  
☐ Change ☐ Addition

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 partner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Morris Engelberg, MGR** **03/27/2006** **954-966-3300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #