

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000031493

1. Entity Name
NINETY ONE THIRTY FIVE, LLC



Principal Place of Business

**7539 TORI WAY
BRADENTON, FL 34202**

Mailing Address

**7539 TORI WAY
BRADENTON, FL 34202**



04102006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0178165

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KAPLAN, TODD D
7539 TORI WAY
BRADENTON, FL 34202**

**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**

U000000515832
04/29/06-80221-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SCHINDEL, ALAN
34 ARLEIGH RD
GREAT NECK, NY 110211327**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SCHINDEL, MADELINE
34 ARLEIGH RD
GREAT NECK, NY 110211327**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

Alan Schindel **ALAN SCHINDEL** 4/11/06 (516) 770-8000

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

Date

Daytime Phone #