


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000037360**  
 1. Entity Name  
 1312-1318 N.F.H. LLC



Principal Place of Business      Mailing Address  
 49 PEACH DR.                      49 PEACH DR.  
 ROSLYN, NY 11576                ROSLYN, NY 11576

**DO NOT WRITE IN THIS SPACE**



01122005No Chg-LLC      CR2E083 (10/03)

4. TEL Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 HALPERN, ARON  
 1500 S. OCEAN DR., APT. 14K  
 HOLLYWOOD, FL 33019

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing)      DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BAXT, STEWART 49 PEACH DRIVE ROSLYN, NY 11576
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 01/25/05-80037-001 450.00

**DO NOT WRITE IN THIS SPACE**

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

**SIGNATURE:**       1/12/05      516 4844265

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #