

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000000254**

1. Entity Name

**BOTANY PROPERTIES, LLC**



Principal Place of Business

**3 RIDLEY COURT  
GLEN RIDGE, NJ 07028**

Mailing Address

**3 RIDLEY COURT  
GLEN RIDGE, NJ 07028**



02282006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**COHEN, GREGORY R  
712 U.S. HIGHWAY ONE, STE 400  
NORTH PALM BEACH, FL 33408**

**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
DAY, JOHN C  
3 RIDLEY COURT  
GLEN RIDGE, NJ 07028**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
JANDURA, TADEUSZ  
3 RIDLEY COURT  
GLEN RIDGE, NJ 07028**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

1100000495474  
04/21/06-80011-019 \$0.00

**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 receiver 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

4/1/06

973-715-8069

Daytime Phone #