



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90081 018 ****50.00

DOCUMENT # L04000006585 1. Entity Name LEMAE OF TUCKAHOE LLC					
Principal Place of Business 652 EAST BEVERWYCK PARAMUS, NJ 07652			Mailing Address 652 EAST BEVERWYCK PARAMUS, NJ 07652		
2. Principal Place of Business 40 JACK ROSENBERG, CPA Suite, Apt. #, etc. 4000 HOLLYWOOD BLVD, #215-S City & State HOLLYWOOD, FL Zip 33021 Country USA		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
01232006 Chg-LLC CR2E083 (11/05)				4. FEI Number 20-0746146	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent COHN, ALAN B 2021 TYLER ST HOLLYWOOD, FL 33022			7. Name and Address of New Registered Agent Name COHN, ALAN B Street Address (P.O. Box Number is Not Acceptable) GREENSDOWN MARLBOROUGH, P.A. 100 W. LYPRESS CREEK RD, SUITE 700 City FT LAUDERDALE FL Zip Code 33309		
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 reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASTMANN, HELEN 652 EAST BEVERWYCK PARAMUS, NJ 07652	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMENT, NORMAN 21 BIRCHWOOD DRIVE GREAT RIVER, NY 11739	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit	
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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.

Helen Astmann

HELEN ASTMANN

1/30/06