

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 A
Secretary of State

DOCUMENT # L04000006585

1. Entity Name
LEMAE OF TUCKAHOE LLC



Principal Place of Business

**C/O JACK ROSENBERG, C.P.A
4000 HOLLYWOOD BLVD., #215-5
HOLLYWOOD, FL 33021**

Mailing Address

**C/O JACK ROSENBERG, C.P.A
4000 HOLLYWOOD BLVD., #215-5
HOLLYWOOD, FL 33021**



03092007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0746146	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

**COHN, ALAN B
GREENSPOON MARDER, P.A.
100 W. CYPRESS CREEK RD., STE. 700
FORT LAUDERDALE, FL 33309**

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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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASTMANN, HELEN 652 EAST BEVERWYCK PARAMUS, NJ 07652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMENT, NORMAN 21 BIRCHWOOD DRIVE GREAT RIVER, NY 11739
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/22/07-80020-015 50.00

**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.

Helen Astmann

3/9/07