

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90285 015 \*\*\*\*50.00

DOCUMENT # L04000041208



1. Entity Name  
 C2 FLORIDA REALTY, LLC

Principal Place of Business  
 1304 NORTH BROAD STREET  
 HILLSIDE, NJ 07205 US

Mailing Address  
 1304 NORTH BROAD STREET  
 HILLSIDE, NJ 07205 US

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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03102005 Chg-LLC CR2E083 (10/03)

4. FEI Number

47-0942069

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LENOFF, STEVEN  
 1761 WEST HILLSBORO BOULEVARD  
 SUITE 405  
 DEERFIELD BEACH, FL 33442

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005

Make check payable to  
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM  Delete  
 NAME: DANA, VITTORIO  
 STREET ADDRESS: 1304 NORTH BROAD STREET  
 CITY-ST-ZIP: HILLSIDE, NJ 07205

TITLE: MGRM  Delete  
 NAME: HARA, VICTOR  
 STREET ADDRESS: 1304 NORTH BROAD STREET  
 CITY-ST-ZIP: HILLSIDE, NJ 07205

TITLE: MGRM  Delete  
 NAME: EL MANN, JOSEPH  
 STREET ADDRESS: 1304 NORTH BROAD STREET  
 CITY-ST-ZIP: HILLSIDE, NJ 07205

TITLE: MGRM  Delete  
 NAME: EL MANN CHARLES  
 STREET ADDRESS: 1304 N. BROAD STREET  
 CITY-ST-ZIP: HILLSIDE, NJ 07205

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

10. ADDITIONS/CHANGES

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/23/05

Date

9084369599

Daytime Phone #