

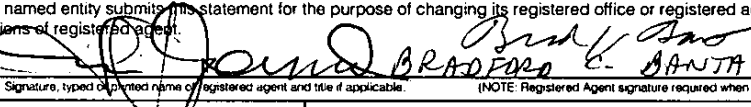
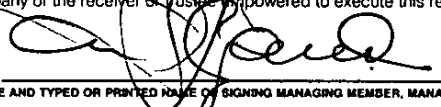


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90053 034 ****50.00

DOCUMENT # L04000050686					
1. Entity Name 61-01 WOODBINE REAL ESTATE, L.L.C.					
Principal Place of Business 4000 HOLLYWOOD BLVD., SUITE 350-N HOLLYWOOD, FL 33021			Mailing Address 4000 HOLLYWOOD BLVD., SUITE 350-N HOLLYWOOD, FL 33021		
2. Principal Place of Business 4050 NE 1ST AV Suite, Apt. #, etc. #117 City & State OAKLAND PARK Zip 33334 Country USA		3. Mailing Address 4050 NE 1ST AV Suite, Apt. #, etc. #117 City & State OAKLAND PARK Zip 33334 Country USA			
01132005 Chg-LLC CR2E083 (10/03)				4. FEI Number 11-3621373	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FEINBERG, JEFFREY ESQ. FEINBERG & MAIDENBAUM 4000 HOLLYWOOD BLVD., SUITE 350-N HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent Name BRADFORD C. BANTA Street Address (P.O. Box Number is Not Acceptable) 4050 NE 1ST AV #117 City OAKLAND PARK FL Zip Code 33334		
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:  DATE: 4-18-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLANDRICK, SINISA 60-30 MERRILL ST. RIDGEWOOD, NY 11385	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 officer empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			Date: 4-18-05 Daytime Phone #: 718-386-2900		