


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-22-2005 90053 033 ****50.00

DOCUMENT # L04000050691	
1. Entity Name 89-43 96TH 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
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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
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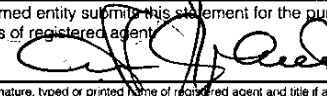


01132005 Chg-LLC CR2E083 (10/03)

4. FEI Number 74-3121815	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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
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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.	DATE 4-18-05 (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FLJANKOVIC, SINJA 60-30 MENAHAN ST RIDGEWOOD, NY 11385 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Addition
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"/> Addition
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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"/> 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 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	DATE 4-18-05 EXT 10 718-386-2900 Daytime Phone #