

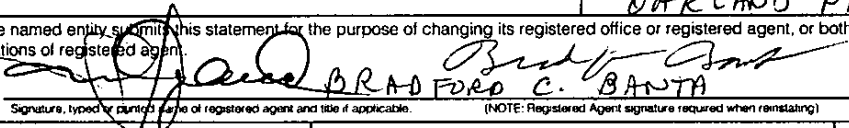
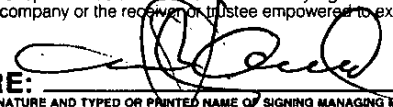


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-22-2005 90053 035 \*\*\*\*50.00

<b>DOCUMENT # L04000050692</b> 1. Entity Name <b>61-34 MADISON REAL ESTATE, L.L.C.</b>					
Principal Place of Business <b>4000 HOLLYWOOD BLVD., SUITE 350-N HOLLYWOOD, FL 33021</b>				Mailing Address <b>4000 HOLLYWOOD BLVD., SUITE 350-N HOLLYWOOD, FL 33021</b>	
2. Principal Place of Business <b>4050 NE 1ST AV</b> Suite, Apt. #, etc. <b>#117</b> City & State <b>OAKLAND PARK</b> Zip Country <b>33334 USA</b>		3. Mailing Address <b>4050 NE 1ST AV</b> Suite, Apt. #, etc. <b>117</b> City & State <b>OAKLAND PARK</b> Zip Country <b>33334 USA</b>			
01132005 Chg-LLC CR2E083 (10/03)				4. FEI Number <b>11-3601700</b>	
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  <b>FEINBERG, JEFFREY ESQ. FEINBERG &amp; MAIDENBAUM 4000 HOLLYWOOD BLVD., SUITE 350-N HOLLYWOOD, FL 33021</b>			7. Name and Address of New Registered Agent Name <b>BRADFORD C. BANTA</b> Street Address (P.O. Box Number is Not Acceptable) <b>4050 NE 1ST AV #117</b> City <b>OAKLAND PARK</b> FL Zip Code <b>33334</b>		
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  <b>BRADFORD C. BANTA</b> DATE <b>4-18-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM FLANIKOVIC, SINJA 60-30 MONTAAN ST RIDGEWOOD, NY 11385</b>	<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: 			DATE <b>4-18-05</b> DAYTIME PHONE <b>718-386-2900</b>		