

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90175 010 \*\*\*\*50.00

DOCUMENT # L04000068300

1. Entity Name  
FARRINGTON APARTMENTS, LLC



Principal Place of Business  
4 NEW KING STREET  
P.O. BOX 339  
PURCHASE, NY 10577-0339

Mailing Address  
4 NEW KING STREET  
P.O. BOX 339  
PURCHASE, NY 10577-0339

20010341



2. Principal Place of Business  
2738 ROOSEVELT BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02082005 Chg-LLC CR2E083 (10/03)

City & State  
LARGO, FL

City & State

4. FEI Number  
20-1669744

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WORLDWIDE CORPORATION SERVICES, INC.  
2780 EAST OAKLAND PARK BLVD.  
FT. LAUDERDALE, FL 33306

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 \_\_\_\_\_ (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

10. ADDITIONS/CHANGES

TITLE  
NAME ANDREW R. BENEDEFE  
STREET ADDRESS 4 NEW KING STREET P.O. BOX 339  
CITY-ST-ZIP PURCHASE, NY 10577-0339 ☐ Delete

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

TITLE  
NAME ERIC RICHELSON  
STREET ADDRESS 4 NEW KING STREET  
CITY-ST-ZIP WHITE PLAINS, NY 10624 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: *Andrew R. Benedefe* ANDREW R. BENEDEFE X2/9/05 914-681-5100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

*Eric Richelson* Eric Richelson 2/9/05