

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068300

Entity Name: FARRINGTON APARTMENTS, LLC

FILED
Jan 03, 2008
Secretary of State

Current Principal Place of Business:

2738 ROOSEVELT BOULEVARD
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

4 NEW KING STREET
PO BOX 339
PURCHASE, NY 105770339

New Mailing Address:

4 NEW KING STREET
SUITE 100
WHITE PLAINS, NY 10604

FEI Number: 20-1669744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

B&C CORPORATE SERVICES OF CENTRAL FLORIDA,
390 N. ORANGE AVENUE, SUITE 1400
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BENEROFE, ANDREW R
Address: 4 NEW KING STREET P.O. BOX 339
City-St-Zip: PURCHASE, NY 105770339

Title: MGRM () Delete
Name: RICHELSON, ERIC
Address: 4 NEW KING STREET
City-St-Zip: WHITE PLAINS, NY 10604

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BENEROFE, ANDREW R
Address: 4 NEW KING STREET, STE 100
City-St-Zip: WHITE PLAINS, NY 10604

Title: MGRM (X) Change () Addition
Name: RICHELSON, ERIC
Address: 4 NEW KING STREET, STE 100
City-St-Zip: WHITE PLAINS, NY 10604

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ERIC RICHELSON

MGRM

01/03/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date