

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073885

Entity Name: SRA PROPERTIES, L.L.C.

FILED  
Aug 19, 2005  
Secretary of State

**Current Principal Place of Business:**

1385 YORK AVENUE, APT. 11C  
NEW YORK, NY 10021

**New Principal Place of Business:**

**Current Mailing Address:**

1385 YORK AVENUE, APT. 11C  
NEW YORK, NY 10021

**New Mailing Address:**

FEI Number: 37-1499033      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BIRNBAUM, SOLOMON  
8785 SHOAL CREEK LANE  
BOYNTON BEACH, FL 33437      US

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: MGR      ( ) Delete  
Name: BIRNBAUM, AUDRIE  
Address: 410 HARRISON AVENUE  
City-St-Zip: WESTFIELD, NJ 07090

Title: MGR      ( ) Delete  
Name: BIRNBAUM, RENEE  
Address: 1385 YORK AVENUE, APT. 11C  
City-St-Zip: NEW YORK, NY 10021

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: AUDRIE BIRNBAUM

MGR

08/19/2005

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