

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000074544

1. Entity Name
GJR REALTY, LLC



Principal Place of Business

**1520 N.W. 100TH WAY
PLANTATION, FL 33322**

Mailing Address

**1520 N.W. 100TH WAY
PLANTATION, FL 33322**



01312006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1765704

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GITTELMAN, BRETT
1520 N.W. 100TH WAY
PLANTATION, FL 33322**

**DO NOT WRITE
IN THIS SPACE**

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/3/06
DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GITTELMAN, BRETT
STREET ADDRESS	1520 N.W. 100TH WAY
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	MGR
NAME	JACOBSON, LARIN
STREET ADDRESS	851 EDGEWOOD DRIVE
CITY-ST-ZIP	WESTBURY, NY 11590
TITLE	MGR
NAME	ROSENTHAL, HOWARD
STREET ADDRESS	67 HICKORY STREET
CITY-ST-ZIP	ENGLEWOOD CLIFFS, NJ 07632
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/17/06-80038-011 55.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

2/3/06
Date

Signature Phone #