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Jun 22, 2005 8:00 am
Secretary of State

5 05-02-2005 90120 050 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000084916

1. Entity Name
FLORIDA CAMBRIDGE DEVELOPMENT & CONSTRUCTION, LLC

30009678

Principal Place of Business	Mailing Address
1700 WOOLBRIGHT ROAD BOYNTON BEACH, FL 33435	1700 WOOLBRIGHT ROAD BOYNTON BEACH, FL 33435

2. Principal Place of Business		3. Mailing Address	
		Levy Realty Advisors	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 4901 NW 17 Way #403	
City & State		City & State Ft. Lauderdale FL	
Zip	Country	Zip 33309	Country USA

04282005 Chg-LLC CR2E083 (10/03)

4. FEI Number Applied for — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] - $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TAPLIN, JAY A ESQUIRE
1555 PALM BEACH LAKES BLVD., SUITE 1510
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

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 ______
Signature, typed or printed name of registered agent and title if applicable. (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 STREET ADDRESS CITY-ST-ZIP	MGRM CAMBRIDGE DEVELOPMENT & CONSTRUCTION CORP. 400 MADISON AVENUE, SUITE 1011 NEW YORK, NY 10017	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Change [ ] Addition
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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: [signature] Michael Lazar 4/28/05 (954) 491-5505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #