

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000088524

Entity Name: H&M REALTY FLORIDA, L.L.C.

FILED
Jun 23, 2006
Secretary of State

Current Principal Place of Business:

C/O CAPITOL LIGHTING EXEC. MGMT. CORP.
365 ROUTE 10 EAST AT RIVER ROAD
EAST HANOVER, NJ 07936

New Principal Place of Business:

Current Mailing Address:

C/O CAPITOL LIGHTING EXEC. MGMT. CORP.
365 ROUTE 10 EAST AT RIVER ROAD
EAST HANOVER, NJ 07936

New Mailing Address:

FEI Number: 59-2583897

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEBERSFELD, HERMAN
7301 N. FEDERAL HIGHWAY
BOCA RATON, FL 33432 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: LEBERSFELD, HERMAN
Address: 7301 N FEDERAL HWY
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM () Delete
Name: LEBERSFELD, MAX
Address: 44 NORTH ROAD
City-St-Zip: SHORT HILLS, NJ 07078

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CAPITOL REAL ESTATE, HOLDINGS, L.L. C .
Address: 365 ROUTE 10 EAST AT RIVER ROAD
City-St-Zip: EAST HANOVER, NJ 07936

Title: VP (X) Change () Addition
Name: LEBERSFELD, KENNETH
Address: 7301 N. FEDERAL HIGHWAY
City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify for the 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: MAX LEBERSFELD

MGR

06/23/2006

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