

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90071 032 \*\*\*\*50.00

**DOCUMENT # L05000002726**

1. Entity Name  
**ED MARKS REALTY, LLC**



Principal Place of Business  
**2385 EXECUTIVE CENTER DRIVE  
SUITE 100  
BOCA RATON, FL 33431**

Mailing Address  
**2385 EXECUTIVE CENTER DRIVE  
SUITE 100  
BOCA RATON, FL 33431**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**33-1108943**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MERRILL A. BOOKSTEIN COUNSELOR AT LAW P.A.  
2499 GLADES ROAD  
SUITE ~~200~~ 313  
BOCA RATON, FL 33431**

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, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MARKS, ED  
2385 EXECUTIVE CENTER DRIVE, SUITE 100  
BOCA RATON, FL 33431**

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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:**

*Edward B. Marks*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**561-703-7873**