

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000035877

1. Entity Name
B & Z REAL ESTATE CONSULTING, LLC



Principal Place of Business
**20944 PACIFICO TERRACE
BOCA RATON, FL 33433**

Mailing Address
**20944 PACIFICO TERRACE
BOCA RATON, FL 33433**



01152008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2668726

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BEIGHLEY & MYRICK, PA
1255 W ATLANTIC BLVD.
SUITE 314
POMPANO BEACH, FL 33069**

**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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U00000834407
02/28/08-80052-005 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BORNSTEIN, RUSSELL
STREET ADDRESS	20944 PACIFICO TERRACE
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	MGRM
NAME	ZEPKA, GARY
STREET ADDRESS	33 CLINTON RD.
CITY-ST-ZIP	WEST CALDWELL, NJ 07006
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

Date

Daytime Phone #

561
2/18/08 893-6240