

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)


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FILED
Mar 14, 2006 8:00 am
Secretary of State

02-09-2006 90153 005 ****50.00

DOCUMENT # L05000052612

1. Entity Name
1948 HARRISON LLC



Principal Place of Business
**C/O JENEL MANAGEMENT CORP.
 275 MADISON AVENUE
 NEW YORK NY 10016**

Mailing Address
**C/O JENEL MANAGEMENT CORP.
 275 MADISON AVENUE
 NEW YORK NY 10016**



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

1st MOORE CR2E083 (10/05)

4. FEI Number
20-2930100

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**FILINGS, INC.
 3732 N.W. 16TH STREET
 FT. LAUDERDALE FL 33311-4132**

7. Name and Address of New Registered Agent
 Name **JAY S. GOLDMAN**
 Street Address (P.O. Box Number is Not Acceptable)
**USA COMMERCIAL - RESIDENTIAL, INC
 21406 W. DIXIE HIGHWAY**
 City **AVENTURA** FL Zip Code **33180**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to: Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DUSHEY, JACK 275 MADISON AVENUE NEW YORK NY 10016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **1-20-06** **(212) 889-6405**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #