

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 22, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000052612</b>	
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
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**DO NOT WRITE IN THIS SPACE**

07032008No Chg-LLC	CR2E083 (12/07)
4. FEI Number 20-2930100	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDMAN, JAY S  
USA CMMERCIAL RESIDENTIAL, INC  
21406 W DIXIE HWY  
MIAMI, FL 33180

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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: *Jay S Goldman* *[Signature]* 7-17-08  
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 Due by September 12, 2008** In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. U00000955972 07/22/08-80013-019 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUSHEY, JACK 275 MADISON AVENUE NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: JACK DUSHEY [Signature] 7.09.08 (212) 889-6405  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #