


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90202 042 ****50.00

DOCUMENT # L05000062402 1. Entity Name MIDTOWN 3H 2403 LLC					
Principal Place of Business 10714 VERSAILLES BOULEVARD WELLINGTON, FL 33467			Mailing Address 10714 VERSAILLES BOULEVARD WELLINGTON, FL 33467		
2. Principal Place of Business		3. Mailing Address 17 CARDINAL DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State EAST HILLS NY		4. FEI Number 81-0674509	
Zip		Zip 11576		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent RENZULLI, JEANINE 10714 VERSAILLES BOULEVARD WELLINGTON, FL 33467			7. Name and Address of New Registered Agent 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 _____ (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 RENZULLI, JEANINE 10714 VERSAILLES BOULEVARD WELLINGTON, FL 33467	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUBIN, MARK 17 CARDINAL DRIVE EAST HILLS, NY 11576	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARRONE, GERARD 63-18 WOODHAVEN BLVD. REGO PARK, NY 11374	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SFERLAZZA, CHARLES 114 DOVE HILL DRIVE MANHASSET, NY 11030	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Mark Rubin</i>		Date 2/28/06 Daytime Phone # 516-484-1998			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					