

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000072918

**FILED**  
**Mar 27, 2012**  
**Secretary of State**

**Entity Name:** KRA LIVINGSTON PARTNER LLC

**Current Principal Place of Business:**

1719 RT. 10 EAST, SUITE 217  
PARSIPPANY, NJ 07054

**New Principal Place of Business:**

1719 RT. 10 EAST, SUITE 220  
PARSIPPANY, NJ 07054

**Current Mailing Address:**

1719 RT. 10 EAST, SUITE 217  
PARSIPPANY, NJ 07054

**New Mailing Address:**

1719 RT. 10 EAST, SUITE 220  
PARSIPPANY, NJ 07054

**FEI Number:** 20-3212248

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: TAMPA AREA RESIDENTIAL LLC  
Address: 1719 RT. 10 EAST, SUITE 220  
City-St-Zip: PARSIPPANY, NJ 07054

Title: MGRM  
Name: KAZARNOVSKY, JOSEPH  
Address: 1719 RT. 10 EAST, SUITE 220  
City-St-Zip: PARSIPPANY, NJ 07054

Title: MGRM  
Name: REIDER, RALPH  
Address: 1719 RT. 10 EAST, SUITE 220  
City-St-Zip: PARSIPPANY, NJ 07054

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: JOSEPH KAZARNOVSKY

MGRM

03/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date