

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90133 002 ****50.00

DOCUMENT # L05000079333

1. Entity Name
CORPORATE PROPERTY REDEVELOPMENT, LLC



Principal Place of Business
**9728 W. SAMPLE ROAD
CORAL SPRINGS, FL 33075 US**

Mailing Address
**9728 W. SAMPLE ROAD
CORAL SPRINGS, FL 33075 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02022006 Chg-LLC CR2E083 (11/05)

4. FEI Number

20-3293168

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PINCHEVSKY, DAVID
9728 W. SAMPLE ROAD
CORAL SPRINGS, FL 33075**

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE MGR ☐ Delete
NAME PINCHEVSKY, DAVID
STREET ADDRESS 9728 W. SAMPLE ROAD
CITY-ST-ZIP CORAL SPRINGS, FL 33075

TITLE MGR ☐ Delete
NAME HOFFMAN, HOWARD
STREET ADDRESS 551 NW 77TH STREET, SUITE 201
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE MGR ☐ Delete
NAME GALLO, WILLIAM J
STREET ADDRESS 1311 NEWPORT CENTER DRIVE WEST
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE MGR ☐ Delete
NAME KLEIN, MICHAEL I
STREET ADDRESS 3246 HARRINGTON DRIVE
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME *Cl David Pinchevsky*
STREET ADDRESS *9728 W. Sample Road Coral Springs FL 33065*
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

David Pinchevsky

2/16

954-753-5559

Date

Daytime Phone #