


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000090680 1. Entity Name SCHINDEL PROPERTIES SEA CLIFF, LLC	
---	---

Principal Place of Business 34 ARLEIGH ROAD GREAT NECK, NY 11021 US	Mailing Address 34 ARLEIGH ROAD GREAT NECK, NY 11021 US
---	---

DO NOT WRITE IN THIS SPACE



02062008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3477548	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KAPLAN, TODD D 7539 TORI WAY BRADENTON, FL 34202
--

DO NOT WRITE 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 _____

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

(NOTE: Registered Agent signature required when reinstating)

00000000000000000000

02/19/08-80049-006 139.75

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHINDEL, ALAN 34 ARLEIGH ROAD GREAT NECK, NY 11021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHINDEL, MADELINE 34 ARLEIGH ROAD GREAT NECK, NY 11021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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: Madeline Schindel
Madeline Schindel

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

2/5/08

Date

(516) 770-6000

Daytime Phone #