

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000096535 1. Entity Name HERITAGE SQUARE V, LLC	
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Principal Place of Business 244 MADISON AVENUE PMB 344 NEW YORK, NY 10016	Mailing Address 244 MADISON AVENUE PMB 344 NEW YORK, NY 10016
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01142008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-3728309	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent GOLDMAN, BRUCE J ESQ 2701 LE JEUNE ROAD SUITE 404 CORAL GABLES, FL 33134
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**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) DATE

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

U000000831496
04/16/08-80003-006 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M GOLDENBERG, MATHIEU 244 MADISON AVENUE PMB 344 NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M LEVY, MAURICE 244 MADISON AVENUE PMB 344 NEW YORK, NY 10016
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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:

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

3-31-08

Date

212-213-8120

Daytime Phone #