

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 01, 2007 8:00 am**  
**Secretary of State**

08-01-2007 90015 032 \*\*\*\*50.00

**DOCUMENT # L05000101722**

**1. Entity Name**  
**STUART GREENBAUM LLC**



**Principal Place of Business**  
2501 S OCEAN DR  
#610  
HOLLYWOOD, FL 33019

**Mailing Address**  
2501 S OCEAN DR  
#610  
HOLLYWOOD, FL 33019

00001010



07082007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
76-0814022

**Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

GREENBAUM, STUART J  
2501 S OCEAN DR  
# 610  
HOLLYWOOD, FL 33019

**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**

**Filing Fee is \$50.00  
Due by September 14, 2007**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
MGRM  
GURALNICK, ILENE  
49 WEST 37TH ST. 7TH FLOOR  
NEW YORK, NY 10018

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
MGRM  
KARNELL, JACKIE  
319 DEGRAW ST  
BROOKLYN, NY 11231

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
MGRM  
GREENBAUM, STUART J  
2501 S OCEAN DR # 610  
HOLLYWOOD, FL 33019

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

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

**Date**

**Daytime Phone #**

7/28/07