

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90317 010 ***138.75

DOCUMENT # L05000110812

1. Entity Name

FRANKEL REALTY GROUP, LLC



Principal Place of Business

3535 MILITARY STE 101
JUPITER FL 33458

Mailing Address

3535 MILITARY STE 101
JUPITER FL 33458

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-3801665

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HYMAN, SHERRY L ESQ.
3535 MILITARY TRAIL
STE 101
JUPITER FL 33458

7. Name and Address of New Registered Agent

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 if changing)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME FRANKEL, THOMAS
STREET ADDRESS 3535 MILITARY TRAIL STE 101
CITY-STATE-ZIP JUPITER FL 33458

TITLE MGRM ☐ Delete
NAME FRANKEL, BENJAMIN
STREET ADDRESS 3535 MILITARY TRAIL
CITY-STATE-ZIP JUPITER FL 33458

TITLE MGRM ☐ Delete
NAME FRANKEL, WILLIAM
STREET ADDRESS 3535 MILITARY TRAIL STE 101
CITY-STATE-ZIP JUPITER FL 33458

TITLE MGRM ☐ Delete
NAME COHEN, ROY
STREET ADDRESS 9039 VISTA DEL LAGO
CITY-STATE-ZIP BOCA RATON FL 33428

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

3-25-08 561.744-1033

Date

Daytime Phone #