


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90340 020 \*\*\*\*50.00

60036607



|   |   |
|---|---|
| <b>DOCUMENT # L06000004558</b>                      |  |
| 1. Entity Name<br>VIA ROYALE REALTY ASSOCIATES, LLC |   |

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| Principal Place of Business<br>C/O BERNARD H. VOGEL<br>17177 NORTHWAY CIR.<br>BOCA RATON, FL 33496 | Mailing Address<br>C/O BERNARD H. VOGEL<br>33 WILLIS AVE. SUITE 200<br>MINEOLA, NY 11501 |
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|---|--|
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br>17177 Northway Circle<br><br>Suite, Apt. #, etc. |
| City & State  | City & State<br>Boca Raton, FL 33496                                   |
| Zip<br>Country  | Zip<br>Country   |

04032007 Chg-LLC CR2E083 (12/06)

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|-----------------------------|-------------------------------|
| 4. FEI Number<br>56-2553326 | Applied For<br>Not Applicable |
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|   |                                |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><br>VOGEL, BERNARD H<br>17177 NORTHWAY CIR.<br>BOCA RATON, FL 33496 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br>FL Zip Code |
|--|--|

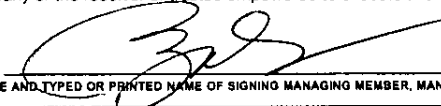
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |
|---|--|
| Filing Fee is \$50.00<br>Due by May 1, 2007 | Make check payable to<br>Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>VOGEL, BERNARD H<br>17177 NORTHWAY CIR.<br>BOCA RATON, FL 33496 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>GUTMAN, FRANKLIN<br>6971 QUEENFERRY CIR.<br>BOCA RATON, FL 33496 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  | Date<br>4/4/07 | Daytime Phone #<br>516 395-8103 |
|--|----------------|---------------------------------|