2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 13, 2007 8:00 am
Secretary of State
06-13-2007 90092 036 ****50.00

DOCUMENT # L06000021721

1. Entity Name

ROCKNY REALTY ASTOR TERRACE, LLC

Principal Place of Business	Mailing Address
13190 ALHAMBRA LAKE CIRCLE DELRAY BEACH FL 33446	13190 ALHAMBRA LAKE CIRCLE DELRAY BEACH FL 33446

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

1st MOORE CR2E083 (10/06)

4. FEI Number 11-3777866 ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MANN & WOLF, LLP 55 N.E. 5TH AVENUE SUITE 500 BOCA RATON FL 33432	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 when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MUSINGER, ROCHELLE 13190 ALHAMBRA LAKE CIRCLE DELRAY BEACH FL 33446 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Musinger, Gilbert 13190 Alhambra Lake Circle Delray Beach, FL 33446 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Gilbert Musinger Gilbert Musinger 5/28/07 845-429-1517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #