

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90052 005 ***138.75

DOCUMENT # L07000026760

1. Entity Name
HERMITAGE PROPERTIES, LLC



Principal Place of Business
**C/O LEHIGH COURT, 40 EAST 52ND STREET
23RD FLOOR
NEW YORK, NY 10022**

Mailing Address
**C/O LEHIGH COURT, 40 EAST 52ND STREET
23RD FLOOR
NEW YORK, NY 10022**

60008372



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

555 Madison Avenue

3. Mailing Address

555 Madison Avenue

01292008 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

29th Floor

Suite, Apt. #, etc.

29th Floor

City & State

New York NY

City & State

New York NY

4. FEI Number

26-1740649

Applied For

Not Applicable

Zip

10022

Country

Zip

10022

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GALLE, CRAIG T ESQ.
11199 POLO CLUB ROAD
WELLINGTON, FL 33414**

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 when reinstating)

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 **HIRSCH, NEIL S**
STREET ADDRESS **40 EAST 52ND STREET, 23RD FLOOR**
CITY-ST-ZIP **NEW YORK, NY 10022**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **555 Madison Avenue 29th Floor**
CITY-ST-ZIP

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

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

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CITY-ST-ZIP

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: **Neil S. Hirsch** 2/6/08

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

Date

Daytime Phone #