

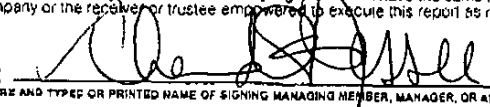
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Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90238 021 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

60020730



DOCUMENT # L07000041936			
1. Entity Name MONTANA REALTY COMPANY, LLC			
Principal Place of Business 1111 SPYGLASS LANE NAPLES, FL 34102-7736		Mailing Address 1111 SPYGLASS LANE NAPLES, FL 34102-7736	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address c/o Alfred Cavallaro One Rockefeller Plaza	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #321	
City & State		City & State New York, New York	
Zip	Country	Zip	Country
10020	USA	10020	USA
4. FEI Number 22-8901636		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	
R & A AGENTS, INC 850 PARK SHORE DRIVE THIRD FLOOR NAPLES, FL 34103-3587		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 _____ (NOTE: Registered Agent signature required when substituting)			
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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Chandra Jessee c/o Alfred Cavallaro, Esq. One Rockefeller Plaza, Suite 321 New York, New York 10020 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: 		3/27/08 212-977-3535	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	