2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State
04-07-2008 90238 021 ***138.75

60020730

01152008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000041936

1. Entity Name
MONTANA REALTY COMPANY, LLC

Principal Place of Business	Mailing Address
1111 SPYGLASS LANE NAPLES, FL 34102-7736	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 10020	Country 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

R & A AGENTS, INC
850 PARK SHORE DRIVE
THIRD FLOOR
NAPLES, FL 34103-3587

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		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: [signature] 3/27/08 212-977-3535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #