

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000050425

FILED
Jan 15, 2008
Secretary of State

Entity Name: SCHLANGER GLEN COVE, LLC

Current Principal Place of Business:

19685 OAK BROOK CIRCLE
BOCA RATON, FL 33434

New Principal Place of Business:

Current Mailing Address:

19685 OAK BROOK CIRCLE
BOCA RATON, FL 33434

New Mailing Address:

FEI Number: 26-0162490

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BSPA CORPORATE SERVICES, INC.
350 EAST LAS OLAS BLVD., SUITE 1000
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MR () Delete
Name: SCHLANGER, NORMAN R
Address: 19685 OAK BROOK CIRCLE
City-St-Zip: BOCA RATON, FL 33434

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR (X) Change () Addition
Name: SCHLANGER, CRAIG
Address: 260 FIFTH AVENUE
City-St-Zip: NEW YORK, NY 10001

Title: MR () Change (X) Addition
Name: SCHLANGER, DARREN
Address: 255 EAST 49TH STREET
City-St-Zip: NEW YORK, NY 10017

Title: MS () Change (X) Addition
Name: SCHLANGER -KALOGERAS, JILL
Address: 27 HILL LANE
City-St-Zip: ROSLYN HEIGHTS, NY 11577

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CRAIG SCHLANGER

MGR

01/15/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date