

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90022 026 ***138.75

DOCUMENT # L07000065293

1. Entity Name
EAST ROGERS REALTY, LLC



Principal Place of Business
**C/O LEVY REALTY ADVISORS, INC.
4901 N.W. 17TH WAY, SUITE 103
FT. LAUDERDALE, FL 33309**

Mailing Address
**C/O LEVY REALTY ADVISORS, INC.
4901 N.W. 17TH WAY, SUITE 103
FT. LAUDERDALE, FL 33309**

60028725



04172008 Chg-LLC CR2E083 (12/06)

4. FEI Number
26-0419881 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHEPARD, JONATHAN L
5355 TOWN CENTER ROAD, #801
BOCA RATON, FL 33486**

7. Name and Address of New Registered Agent

Name **Levy, Alan M**
Street Address (P.O. Box Number is Not Acceptable)
c/o Levy Realty Advisors, Inc.
4901 NW 17th Way #103
City **Fort Lauderdale** FL Zip Code **33309**

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 file it applicable.

NOTE: Registered Agent signature required when reinstalling.

DATE

4/22/08

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
LAZAR, MICHAEL J
419 PARK AVENUE SOUTH
NEW YORK, NY 10016** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
LAZAR, ETHAN H
419 PARK AVENUE SOUTH
NEW YORK, NY 10016** ☐ Delete

TITLE
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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Michael Lazar **4/22/08** **954 441-5505**