2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/11/2008-90027-013-$138.75-$138.75

DOCUMENT # L07000116223

1. Entity Name
CMS REALTY NEW PORT RICHEY, L.L.C.

FILED
08 NOV 17 AM 8:36
SECRETARY OF STATE

Principal Place of Business	Mailing Address
C/O CMS REALTY LIMITED PARTNERSHIP 225 MILLBURN AVE., SUITE 202 MILLBURN, NJ 07041	C/O CMS REALTY LIMITED PARTNERSHIP 225 MILLBURN AVE., SUITE 202 MILLBURN, NJ 07041

07072008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 22-3037406 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75 Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Clifford M. Sobel ☐ Delete Manager One Grove Isle Dr, Apt 504 Coconut Grove, Fla. 33133	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MR. Jonathan Sobel ☐ Delete 40 Dorsion Dr Member Short Hills, NJ 07078	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT ☐ Delete 08	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 10/27/08
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
08 NOV 17 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 10, 2008

CMS REALTY NEW PORT RICHEY, L.L.C.
C/O CMS REALTY LIMITED PARTNERSHIP
225 MILLBURN AVE., SUITE 202
MILLBURN, NJ 07041

SUBJECT: CMS REALTY NEW PORT RICHEY, L.L.C.
Ref. Number: L07000116223

We have received your document for CMS REALTY NEW PORT RICHEY, L.L.C. and your check(s) totaling $138.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 408A00053359