

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000116223

FILED  
Jun 25, 2009  
Secretary of State

**Entity Name:** CMS REALTY NEW PORT RICHEY, L.L.C.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 22-3037406

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: MGR ( ) Delete  
Name: SOBEL, CLIFFORD M  
Address: ONE GROVE ISLE DR. APT 504  
City-St-Zip: COCONUT GROVE, FL 33133

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CLIFFORD SOBEL

MM

06/25/2009

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