

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000062061

FILED
Feb 16, 2009
Secretary of State

Entity Name: LENTZ FAMILY PARTNERSHIP LLC

Current Principal Place of Business:

8126 DUKES WOOD COURT
UNIVERSITY PARK, FL 34201

New Principal Place of Business:

Current Mailing Address:

8126 DUKES WOOD COURT
UNIVERSITY PARK, FL 34201

New Mailing Address:

200 EAST 27TH ST.
14C
NEW YORK CITY, NY 10016

FEI Number: 22-2865427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LENTZ, LEONARD
8126 DUKES WOOD COURT
UNIVERSITY PARK, FL 34201 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: MGRM () Delete
Name: LENTZ, PHILIP
Address: 200 EAST 27TH STREET, APT. 14C
City-St-Zip: NEW YORK, NY 10016

Title: MGRM () Delete
Name: LENTZ, CAROL
Address: 444 CENTRAL PARK WEST
City-St-Zip: NEW YORK, NY 10025

Title: MGRM () Delete
Name: LENTZ, DAVID
Address: 27 HADRIAN DRIVE
City-St-Zip: LIVINGSTON, NJ 07039

ADDITIONS/CHANGES:

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

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

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: PHILIP LENTZ

MGRM

02/16/2009

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