

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000062061

**FILED**  
**Jan 10, 2010**  
**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:**

7269 GOLF POINTE WAY  
SARASOTA, FL 34201

**Current Mailing Address:**

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

**New Mailing Address:**

**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:**

LENTZ, LEONARD  
7269 GOLF POINTE WAY  
SARASOTA, FL 34201 US

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:

01/10/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LENTZ, PHILIP  
Address: 200 EAST 27TH STREET, APT. 14C  
City-St-Zip: NEW YORK, NY 10016

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

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

I hereby 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

MAN.

01/10/2010

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