

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000744

Entity Name: ANA REAL ESTATE, LLC

FILED  
Jan 13, 2009  
Secretary of State

**Current Principal Place of Business:**

215 WEST 83RD STREET  
NEW YORK, NY 10024

**New Principal Place of Business:**

**Current Mailing Address:**

215 WEST 83RD STREET  
NEW YORK, NY 10024

**New Mailing Address:**

FEI Number: 58-2253585

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROTH, JEFFREY C  
866 SOUTH DIXIE HIGHWAY  
CORAL GABLES, FL 33146 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: LEEDS, ARTHUR  
Address: 215 WEST 83RD STREET  
City-St-Zip: NEW YORK, NY 10024

Title: MGRM ( ) Delete  
Name: LEEDS, SUSAN  
Address: 215 WEST 83RD STREET  
City-St-Zip: NEW YORK, NY 10024

Title: MGR ( ) Delete  
Name: LEEDS, ANDREW  
Address: C/O ROTH & SCHOLL, 866 S DIXIE HWY  
City-St-Zip: MIAMI, FL 33146

**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: ARTHUR LEEDS

MGRM

01/13/2009

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