2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # L96000001077

1. Entity Name
BROOKWOOD AT DELRAY BEACH COMPANY, L.C.

Principal Place of Business	Mailing Address
BROOKWOOD DRIVE CORAM, NY 11727	BROOKWOOD DRIVE CORAM, NY 11727

DO NOT WRITE IN THIS SPACE

04162007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
65-0700145
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KORN, GARY A ESQ.
20803 BISCAYNE BLVD.
SUITE 200
AVENTURA, FL 33180

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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)

Filing Fee is $50.00
Due by May 1, 2007

U00000724207
05/02/07-80102-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	AUERBACH, HARVEY
STREET ADDRESS	BROOKWOOD DRIVE
CITY-ST-ZIP	CORAM, NY 11727
TITLE	MGRM
NAME	AUERBACH, NANCY
STREET ADDRESS	BROOKWOOD DRIVE
CITY-ST-ZIP	CORAM, NY 11727
TITLE	MGRM
NAME	AUERBACH, STEVEN
STREET ADDRESS	BROOKWOOD DRIVE
CITY-ST-ZIP	CORAM, NJ 11727
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/16/07 (631)6982706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #