

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L96000001077

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



Principal Place of Business

**BROOKWOOD DRIVE
CORAM, NY 11727**

Mailing Address

**BROOKWOOD DRIVE
CORAM, NY 11727**

DO NOT WRITE IN THIS SPACE



04142008No Chg-LLC

CR2E083 (12/07)

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**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, word or phrase of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

U000000906669

04/15/08 00007-018 138.75
DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/15/08

Date

631 698 2708

Daytime Phone #