

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90434 019 ****50.00

DOCUMENT # L97000001004

1. Entity Name
45TH STREET REALTY, L.C.



Principal Place of Business

3420 45TH STREET
WEST PALM BEACH, FL 33407
Seville, FL 32190

Mailing Address

P.O. BOX 158 P.O. BOX 550
BEACON FALLS, CT 06403 Thomaston, CT 06787



03062007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

01-1287159

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICHARDSON, KEVIN F ESQUIRE
P.A., 1551 FORUM PLACE, STE., #300-F
WEST PALM BEACH, FL 33401

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CUNNIFF, JAMES
STREET ADDRESS	1300 BEAR ISLAND DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	MGRM
NAME	CUNNIFF, ALICE
STREET ADDRESS	1300 BEAR ISLAND DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	MGRM
NAME	CAPPELLA, RAYMOND M
STREET ADDRESS	45 OLD FARM ROAD
CITY-ST-ZIP	LITCHFIELD, CT 06759
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

James J. Cuniff

Date

3/15/07

Daytime Phone #

860-283-8239
561-689-9059