

LIMITED LIABILITY COMPANY ANNUAL REPORT

MENT # L99000003430

ACY LAND, L.L.C.



FILED
Feb 05, 2005 08:00 AM
Secretary of State

Principal Place of Business

C/O 450 SEVENTH AVE.
3000
NEW YORK, NY 10123

Mailing Address

C/O 450 SEVENTH AVE.
3000
NEW YORK, NY 10123



01242005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

22-2400945

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ESTATE OF ALEXANDER FARKAS
STREET ADDRESS	2917 SOUTH OCEAN PARKWAY
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487
TITLE	MGRM
NAME	FARKAS, ROBIN
STREET ADDRESS	P.O. BOX 9223
CITY-ST-ZIP	JACKSON, WY 83301
TITLE	MGRM
NAME	FARKAS, BRUCE
STREET ADDRESS	C/O PHILIP ALBA PO, 1250 MONTAUK HWY
CITY-ST-ZIP	WEST ISLIP, NY 11795
TITLE	MGRM
NAME	FARKAS, JONATHAN
STREET ADDRESS	52 EAST 72 STREET
CITY-ST-ZIP	NEW YORK, NY 10021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000216517
02/05/05-80051-013 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]

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

2/2/05

307 734-8005

Date

Daytime Phone #