

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000003430

1. Entity Name
LOST LEGACY LAND, L.L.C.



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



01062006 No Chg-LLC

CR2E083 (11/05)

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.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

**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, 2006**

U000000570554
07/17/06-80006-010 50.00

9. MANAGING MEMBERS/MANAGERS

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

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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

Date _____

Daytime Phone # _____