

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # M01000000395

1. Entity Name
**JACKSONVILLE REGENCY REAL ESTATE ASSOCIATES,
LLC**



Principal Place of Business

**501 WASHINGTON AVENUE
PLEASANTVILLE, NY 10570**

Mailing Address

**501 WASHINGTON AVENUE
PLEASANTVILLE, NY 10570**



03232005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

13-4157675

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD., INC.
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301-0000**

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
PAPRIN, YALE I
501 WASHINGTON AVENUE
PLEASANTVILLE, NY 10570**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SHENDELL, LEONARD
42 MAIN STREET
NEW ROCHELLE, NY 10801**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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04/15/05-80070-009 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption under 7(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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime phone #

YALE I PAPRIN
Managing Member

4/11/05