

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # M02000000493

1. Entity Name
LOEB PARTNERS REALTY OF FLORIDA LLC



Principal Place of Business
521 FIFTH AVE., STE. 2300
NEW YORK, NY 10175

Mailing Address
521 FIFTH AVE., STE. 2300
NEW YORK, NY 10175

DO NOT WRITE IN THIS SPACE



03022005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
13-4199943

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

**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 | MGR |
| NAME | LOEB PARTNERS REALTY LLC |
| STREET ADDRESS | 521 FIFTH AVE, STE 2300 ATTN JOSEPH LESSER |
| CITY - ST - ZIP | NEW YORK, NY 10175 |

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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:

ALAN L. GORDON

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

Date

Daytime Phone #