


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # M02000000703	
1. Entity Name RAP EAST, LLC	
	
Principal Place of Business 7448 REXFORD RD BOCA RATON, FL 33434	Mailing Address C/O RAPPAPORT REAL ESTATE 940 THIRD AVENUE NEW YORK, NY 10022



01052005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0002057	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**RAPPAPORT, NORMAN P
7448 REXFORD ROAD
BOCA RATON, FL 33434**

**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 restatesting)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**000000182343
01/19/05-80024-003 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAPPAPORT, NORMAN P 940 THIRD AVENUE NEW YORK, NY 10022
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/15/05 212-888-4600