

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M02000002080**

1. Entity Name  
212 MIDDLE NECK LLC



Principal Place of Business  
7-11 SOUTH BROADWAY, STE. 308  
WHITE PLAINS, NY 10601

Mailing Address  
7-11 SOUTH BROADWAY, STE. 308  
WHITE PLAINS, NY 10601



07052005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
13-3836381

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GOLDBERG, JOSHUA  
4770 BISCAYNE BLVD STE. 1460  
MIAMI, FL 33137

**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 September 7, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
GOLDBERG, JOSH  
7-11 SOUTH BROADWAY, STE. 308  
WHITE PLAINS, NY 10601

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
GOLDBERG, BUSTON  
7-11 SOUTH BROADWAY, STE. 308  
WHITE PLAINS, NY 10601

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SHIRK VENTURE GROUP LLC  
7-11 SOUTH BROADWAY, STE. 308  
WHITE PLAINS, NY 10601

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11/11/05 13:2034  
07/11/05-80016-002 55.00

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

7/05/05

Date

914-683-3600

Daytime Phone #