

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90027 026 ****50.00

DOCUMENT # M02000003389

1. Entity Name
SCHONFELD & COMPANY, LLC



Principal Place of Business

ONE JERICO PLAZA
3RD FLOOR
JERICO, NY 11753

Mailing Address

ONE JERICO PLAZA
3RD FLOOR
JERICO, NY 11753

DO NOT WRITE IN THIS SPACE



01112005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
11-3448407

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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
MGR *MGR*
SCHONFELD, STEVEN B
20 WHITNEY LANE
OLD WESTBURY, NY 11568

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MANAGER
SCHONFELD GROUP HOLDINGS LLC
ONE JERICO PLAZA
JERICO, NY 11753

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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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 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

STEVEN SCHONFELD

3/31/2005

Date

(516) 822-1222

Daytime Phone #