

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90102 026 ****50.00

DOCUMENT # M02000003472

1. Entity Name
KILLARNEY VILLAGE LLC



Principal Place of Business
7 PENN PLAZA, SUITE 618
NEW YORK, NY 10001

Mailing Address
7 PENN PLAZA, SUITE 618
NEW YORK, NY 10001

DO NOT WRITE IN THIS SPACE



03312005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
42-6832022 20-033329/

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required-

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

**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	MGRM
NAME	THE GERTRUDE FEIL MARITAL TRUST
STREET ADDRESS	7 PENN PLAZA, SUITE 618
CITY - ST - ZIP	NEW YORK, NY 10001
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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. 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

JTF

04/01/05 (212) 563-6557

Date

Daytime Phone #