

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 01, 2006 8:00 am**  
**Secretary of State**

08-01-2006 90063 013 \*\*\*\*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**



07072006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

~~20-00000294~~ **42-6632022**

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 September 6, 2006**

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	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_

**Jeffrey J. Feil**

**7/10/06 212-563-6557**

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

Date

Daytime Phone #