

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90024 031 *****50.00

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DOCUMENT # M04000001978 1. Entity Name 245 EAST REALTY LLC					
Principal Place of Business 1009 EAST 14TH STREET BROOKLYN, NY 11230			Mailing Address 1009 EAST 14TH STREET BROOKLYN, NY 11230		
2. Principal Place of Business 60 BROAD STREET Suite, Apt. #, etc. SUITE 3503		3. Mailing Address 60 BROAD STREET Suite, Apt. #, etc. SUITE 3503			
City & State New York NY		City & State NEW YORK NY			
Zip 10004		Zip 10004		Country USA	
4. FEI Number 11-3265912				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent F & L CORP 200 LAURA STREET JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when removing) Signature, typed or printed name of registered agent and title if applicable _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ECKSTEIN, SHIMON 1009 EAST 14TH STREET BROOKLYN, NY 11230		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ECKSTEIN, Shimon 60 Broad Street Brooklyn, NY 11230	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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, 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 recipient or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:			S. ECKSTEIN		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 4/26/06		
DAYTIME PHONE # 212-668-0101					