2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State
02-11-2005 90140 011 ****50.00

DOCUMENT # M04000003214

1. Entity Name
A & P REALTY LLC

Principal Place of Business	Mailing Address
155-29 16TH DRIVE WHITESTONE, NY 11357	155-29 16TH DRIVE WHITESTONE, NY 11357

01302005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
286 MALLORY AVE		286 MALLORY AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: STATEN ISLAND, NY		City & State: STATEN ISLAND, NY	
Zip: 10305	Country: USA	Zip: 10305	Country: USA

4. FEI Number: 42-1640504 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLUMBERGEXCELSIOR CORPORATE SERVICES, INC. 4435 OLD WINTER GARDER ROAD ORLANDO, FL 32811	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 ______________________
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PIZZOLO, RANDOLPH R 155-29 16TH DRIVE WHITESTONE, NY 11357	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CORDERO, CONNIE R 286 MALLORY AVE STATEN ISLAND, NY 10305	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CORDERO JR., SAMUEL J 286 MALLORY AVE STATEN ISLAND, NY 10305	☐ Change ☒ Addition
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 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: Connie R. Cordero CONNIE R. CORDERO; MANAGING MEMBER 02/03/05 (212) 894-7004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #