2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 27, 2006 08:00 AN Secretary of State

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DOCUMENT # M0400005066 1. Entity Name 4 B'S REALTY COLLINS AVENUE, LLC	Secretary of State
Principal Place of Business Mailing Address 26 HARBOR PARK DRIVE 26 HARBOR PARK DRIVE PORT WASHINGTON, NY 11060 PORT WASHINGTON, NY 11060	
NOT WRITE IN THIS SPACE	03272006 No Chg-LLC CR2E083 (11/05) 4. FEI Number Applied For Not Applicable 20-1714966 Not Applicable 5. Certificate of Status Desired \$5.00 Additional Fee Reguired
6. Name and Address of Current Registered Agent CORPORATION SERVICE ČOMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered of the obligations of registered agent. Signature Typed or printed name of registered agent and title if applicable (NOTE Registered Agent).	ffice or registered agent, or both, in the State of Florida. I am familiar with, and accept or registered agent, or both, in the State of Florida. I am familiar with, and accept or registered agent, or both, in the State of Florida. I am familiar with, and accept or registered agent, or both, in the State of Florida. I am familiar with, and accept
Filing Fee is \$50.00 Due by May 1, 2006	- Table State Company of the Compa
9. MANAGING MEMBERS/MANAGERS	
MGRM NAME BRODSKY, BERT E STREET ADDRESS 26 HARBOR PARK DRIVE CITY-S1-ZIP PORT WASHINGTON, NY 11060	U00000539259 05/09/06-80092-009 50.00
TITLE NAME SIREET ADDRESS CITY: ST- ZIP TITLE NAME STREET ADDRESS CITY: ST-ZIP	DO NOT WRITE
DITLE NAME STEEST ADDRESS CITY-ST-ZIP	IN THIS SPACE
TIFLE NAME STREET ADDRESS CRY-ST-ZIP	y k o se −-
TITE NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby certily that the information supplied with this filling does not qualified the exemple indicated on this report is true and accurate and that my signature should have the same learned habitity company or the receiver of trustee empowered to a cuttle this report as re	otions contained in Chapter 119, Florida Statutes. I further certify that the information agal effect as if made under oath, that I am a managing member or manager of the equired by Chapter 608. Florida Statutes.