


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90034 021 ****55.00

DOCUMENT # M05000000665					
1. Entity Name BUSY BOYS INVESTMENTS LLC					
Principal Place of Business 610 THE PARKWAY MAMARONECK, NY 10543			Mailing Address 610 THE PARKWAY MAMARONECK, NY 10543		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-2250807	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRUMP, DONALD JR.		NAME	Trump, Donald Jr.	
STREET ADDRESS	220 RIVERSIDE BLVD., #116		STREET ADDRESS	220 Riverside Blvd. #11L	
CITY-ST-ZIP	NEW YORK, NY 10019		CITY-ST-ZIP	New York, NY 10019 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIAMOND, BERNARD R		NAME	Flicker, Russell	
STREET ADDRESS	610 THE PARKWAY		STREET ADDRESS	5845 NW 63 Way	
CITY-ST-ZIP	MAMARONECK, NY 10543		CITY-ST-ZIP	Parkland, FL 33067	
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREENBLATT, JASON D		NAME	Greenblatt, Jason D.	
STREET ADDRESS	148 VANDERLINDA AVENUE		STREET ADDRESS	533 Winthrop Road :	
CITY-ST-ZIP	TEANECK, NJ 07666		CITY-ST-ZIP	Teaneck, NJ 07666 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: X _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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