

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 23, 2006 8:00 am**  
**Secretary of State**

08-23-2006 90010 009 \*\*\*\*50.00

**DOCUMENT # M05000002366**

1. Entity Name  
**AMERIELITE PROPERTIES LLC**



Principal Place of Business  
**4 LYNCREST DRIVE  
PARAMUS, NJ 07652**

Mailing Address  
**4 LYNCREST DRIVE  
PARAMUS, NJ 07652**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08182006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**20-1654659**

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

**BRENNER, IAN ALAN JR.  
215 CELEBRATION PLACE  
SUITE 500  
CELEBRATION, FL 34747**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**1142 Celebration Blvd.**

City  
**Celebration**

**FL**

Zip Code  
**34747**

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**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BRENNER, IAN ALAN JR.  
4 LYNCREST DRIVE  
PARAMUS, NJ 07652** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
Brenner, Ian Alan Jr.  
1142 Celebration Blvd.  
Celebration, FL 34747** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
HALLIHAN, JAMES  
4 LYNCREST DRIVE  
PARAMUS, NJ 07652** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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☐ 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 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:**

*Burton J. Jaffe*

**Burton J. Jaffe, Esq.**

**8/18/06**

**609-896-3600**

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

Date

Daytime Phone #