


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90020 008 ***138.75

| | |
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| DOCUMENT # M05000003971 |  |
| 1. Entity Name 61-34 MADISON REAL ESTATE MANAGEMENT, L.L.C. | |

| | |
|---|---|
| Principal Place of Business 4065 BRIARWOOD AVENUE SEAFORD, NY 11783 | Mailing Address 4065 BRIARWOOD AVENUE SEAFORD, NY 11783 |
|---|---|

DO NOT WRITE IN THIS SPACE



04042008No Chg-LLC

CR2E083 (12/07)

| | |
|---------------------------------|-------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
|---------------------------------|-------------------------------|

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|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent FEINBERG, JEFFREY ESQUIRE 4000 HOLLYWOOD BLVD., SUITE 350-N HOLLYWOOD, FL 33021 |
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**DO NOT WRITE
IN THIS SPACE**

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|---|--|------------|
| 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 reinstating) | DATE _____ |

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM 61-34 MADISON STREET, LLC 4065 BRIARWOOD AVENUE SEAFORD, NY 11783 |
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IN THIS SPACE**

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:  | 4-25-08 | 954-566-0789 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone # |