


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

**May 02, 2006 08:00 AM**  
**Secretary of State**

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>DOCUMENT # M05000003975</b><br>1. Entity Name<br>61-48 MADISON REAL ESTATE MANAGEMENT, L.L.C.   |  |  |  |  |  |
| Principal Place of Business<br>4065 BRIARWOOD AVENUE<br>SEAFORD, NY 11783  |  |  | Mailing Address<br>4065 BRIARWOOD AVENUE<br>SEAFORD, NY 11783  |   |  |
| 2. Principal Place of Business   |  | 3. Mailing Address                                   |  |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.                                  |  |   |  |
| City & State   |  | City & State   |  |   |  |
| Zip  | Country  | Zip  | Country  | 4. FEI Number<br>NOT APPLICABLE   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |  | \$5.00 Additional Fee Required<br>Applied For<br>Not Applicable                   |  |
| 6. Name and Address of Current Registered Agent<br><br>FEINBERG, JEFFREY ESQUIRE<br>4000 HOLLYWOOD BLVD., SUITE 350-N<br>HOLLYWOOD, FL 33021   |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>  |  |  |  |   |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2006</b>  |  | Make check payable to<br>Florida Department of State |  |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |  | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>61-48 MADISON STREET, LLC<br>4065 BRIARWOOD AVENUE<br>SEAFORD, NY 11783 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Change Addition<br>05/17/06-50134-014-51.00                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Change Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Change Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Change Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Change Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 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. |  |  |  |   |  |
| <b>SIGNATURE:</b> <u>Bradford C. Banta</u> <b>4-13-06</b> <b>954.566.0759</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>   |  |  |  |   |  |

