


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # M06000000605 1. Entity Name 632 8TH AVENUE II, LLC	
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Principal Place of Business 10 EAST 39TH STREET, 4TH FLOOR NEW YORK, NY 10016	Mailing Address 244 MADISON AVE PMB 344 NEW YORK, NY 10016
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DO NOT WRITE IN THIS SPACE



01142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 13-3211601	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

GOLDMAN, BRUCE J
2701 LE JEUNE ROAD, SUITE 404
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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


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

U000000881497
04/16/08-80003-007 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLDENBERG, MATHIEU 244 MADISON AVE PMB 344 NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SASSON, ROBERT 244 MADISON AVE PMB 344 NEW YORK, NY 10016
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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:  **3-31-08** **212-213-8120**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #