


2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # M95000000040 1. Name NICK KORNREICH LIMITED LIABILITY COMPANY	
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Principal Place of Business 1400 CENTRE PARK BLVD. WEST PALM BEACH, FL 33401	Mailing Address 1400 CENTRE PARK BLVD. WEST PALM BEACH, FL 33401
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DO NOT WRITE IN THIS SPACE



04242006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 13-3790378	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**NICHOLSON, KEITH
1400 CENTRE PARK
WEST PALM BEACH, FL 33401**

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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 _____
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 May 1, 2006

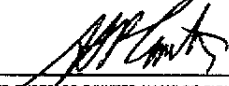
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GROSS, PAUL L 66 ROUTE 17 PARAMUS, NJ 07652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO GROSSBERG, STEVEN L 66 ROUTE 17 PARAMUS, NJ 07652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CANTOR, HOWARD P 66 ROUTE 17 PARAMUS, NJ 07652
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/13/06-80083-025 50.00

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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:  **H.P. Cantor** **Treasurer** **4/2/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #