## **2007 LIMITED LIABILITY COMPANY** . ANNUAL REPORT (AR)

## DOCUMENT # M98000000568

1. Entity Name

## GRR BOWERS AVENUE LIMITED LIABILITY COMPANY



**FILED** Jul 31, 2007 08:00 AM Secretary of State

CON DOWERS AVENUE ENVIRED EIA	BILLY OOM AIV					
Principal Place of Business	Mailing Address					
C/O GIBRALTAR MANAGEMENT CO., INC. 150 WHITE PLAINS ROAD TARRYTOWN NY 10591	C/O GIBRALTAR MANAGEMENT CO., INC. 150 WHITE PLAINS ROAD TARRYTOWN NY 10591					
2. Principal Place of Business - No P.O. Box #	3. Mailing Address					

C/O GIBRAL 150 WHITE I TARRYTOW	PLAINS ROA		NT CO., INC.  C/O GIBRALTAR MANAGEMENT CO., INC. 150 WHITE PLAINS ROAD TARRYTOWN NY 10591								
2. Principal P	lace of Busin	iess - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.					2nd MOORE CR2E083 (4/07)						
City & Stat	City & State City & State				4. FEI Nun	13-3832272		<u> </u>	plied For Applicable		
Zip		Country	Zip	Zip Country		5. Certifica	5. Certificate of Status Desired			litional	
······································	6. Name	and Address of Curren	nt Registered Agent			7. Name a	nd Address of New Re	egistered A	gent	<del></del>	
					Name						
CORPORATION SERVICE COMPANY 1201 HAYS STREET				Street Address (P.O. Box Number is Not Acceptable)							
TAL	LAHASSI	EE FL 32301-252	5								
					City			FL	Zip Cod		
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										and accept	
SIGNATURE .	Signistore, typed	or printed name of registered age:	nt and title if applicable	(NOTE Registers	ed Agent signature re	nquired when reinstaling)		DATE		<del></del> -	
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	}	PLAINS ROAD			KET ADDRESS						
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11. Thereby	certify that th	e information samplied wi	ith this filling does not quali-	fy for the exc	emptions conta	ained in Chapter 11	9, Florida Statutes. I fu	inther certify	that the into	rmation	

referedly certify triat the information shaped with this filing does not qualify for the exemptions contained in Unapter 119, Horida Statutes. Hurther certify that the information indicated on this report is flue and shaped 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 receiptrice. See empowered to execute this report as required by Chapter 608, Florida Statutes.

GBR BOYERS AVENUE LIMITED LIABILITY COMPANY

SIGNATURE: BY: Richard A. Grossman, as Manager

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

914-631-6200