## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Mar 27, 2008 08:00 AN Secretary of State

DOCUMENT # M980			Sec	
Principal Place of Business	Mailing Address	<u> </u>		
250 WORTH AVENUE #4 PALM BEACH, FL 33480	250 WORTH AVENUE #4 Palm Beach, Fl 33480			
DO NOT WRITE IN THIS SPACE			02282008 No Chg-LLC	CR
			4. FEI Number	

			1.500 KI 1750		
250 WORTH	incipal Place of Business  Mailing Address  50 WORTH AVENUE #4  ALM BEACH, FL 33480  Mailing Address  250 WORTH AVENUE #4  PALM BEACH, FL 33480				
		•			
DO NOT WRITE IN THIS SPACE			02282008 No Chg-LLC		
			4. FEI Number Applied For 65-0844807 Not Applicable		
				5. Certificate of Status Desired  \$5.00 Additional Fee Required	
	6. Name and Address of Current F	Registered Agent		i de requied	
HANDELS	SMAN, BURTON		1	DO NOT WRITE	
250 WORTH AVENUE PALM BEACH, FL 33480				DO NOT WRITE	
PALIM BEACH, FL 33460			IN THIS SPACE		
				the state of the s	
	named entity submits this statement for tions of registered agent.	the purpose of changing its register	ed office or register	red agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE.					
	Signature, typed or printed name of registered agent a	nd little if applicable. (NOTE: Registere	ed Agent signature requires		
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75			000000871249 04/09/08-80122-025 138.75	
9.	MANAGING MEMBER	RS/MANAGERS	_		
TITLE NAME	MGR HANDELSMAN, BURTON				
STREET ADDRESS CITY-ST-ZIP	18 HOTEL DRIVE				
TITLE	WHITE PLAINS, NY 10605		- 1		
NAME STREET ADDRESS			<u> </u>		
CITY-ST-ZIP			٠, ٠		
TITLE			·		
NAME STREET ADDRESS				DO NOT WOITE	
CITY-ST-ZIP			· . tt	DO NOT WRITE	
TITLE NAME				IN THIS SPACE	
STREET ADDRESS CITY-ST-ZIP			•		
TITLE					
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CITY-ST-ZIP				A Company of the Comp	
TITLE NAME			. 1	South the second of the second	
STREET ADDRESS			s - 1	25 July 10 1 1 2 3 3 4 5 6 7 7 7 7 7 1	
CITY-ST-ZIP			I		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes it 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 eath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

)UFT64

andelsman 3-6-08