

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # M99000001660

1. Entity Name  
BARON SAN PABLO LLC



Principal Place of Business  
341 EAST 149TH STREET  
BRONX, NY 10451

Mailing Address  
341 EAST 149TH STREET  
BRONX, NY 10451

**FILED**  
**Sep 15, 2008 08:00 AM**  
**Secretary of State**



09122008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
13-4079427

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LAT PURSER & ASSOCIATES, INC.  
6320 ST. AUGUSTINE RD.  
SUITE 7  
JACKSONVILLE, FL 32217

**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**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	LEVITES, BARRY
STREET ADDRESS	341 EAST 149TH STREET
CITY-ST-ZIP	BRONX, NY 10451
TITLE	MGRM
NAME	RETTNER, RONALD
STREET ADDRESS	481 MAIN STREET
CITY-ST-ZIP	NEW ROCHELLE, NY 10801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000959782  
09/15/08-80007-002 143.75

**DO NOT WRITE  
IN THIS SPACE**

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:**

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

Date

Daytime Phone #

9/12/08 718-993-9060