

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000085100

1. Entity Name
GRAMERCY OPERATING CO., INC.



Principal Place of Business
**17475 SOUTH DIXIE HIGHWAY
MIAMI, FL 33157**

Mailing Address
**1114 WYNWOOD AVE.
CHERRY HILL, NJ 08002**

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number
58-2090668

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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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 \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000791249
01/23/08-80066-025 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LAZOVITZ, STEPHEN M
STREET ADDRESS	1114 WYNWOOD AVE.
CITY-ST-ZIP	CHERRY HILL, NJ 08002
TITLE	VP
NAME	SALL, ROBERT J.
STREET ADDRESS	1114 WYNWOOD AVE.
CITY-ST-ZIP	CHERRY HILL, NJ
TITLE	VPST
NAME	BROWN, LENARD
STREET ADDRESS	1114 WYNWOOD AVE.
CITY-ST-ZIP	CHERRY HILL, NJ
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #