

2003

# **LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90580 014 \*\*\*\*50.00

<b>DOCUMENT #</b> L01000002423				<div style="font-size: 2em;">✓</div>	
1. Entity Name RICHARD PROPERTIES, L.L.C.					
<b>DO NOT WRITE IN THIS SPACE</b>					
2. Principal Place of Business 10 CHRISTOPHER ST Suite, Apt. #, etc.			3. Mailing Address P.O. BOX 630 Suite, Apt. #, etc.		
City & State NEW YORK, NY Zip 10014 Country NEW YORK			City & State WARWICK, NY Zip 10990 Country		
			4. FEI Number 58-2602111		Applied For Not Applicable
			5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
<b>DO NOT WRITE IN THIS SPACE</b>				7. Name and Address of Current Registered Agent	
				Name SHERMAN, THOMAS G.	
				Street Address (P.O. Box Number is Not Acceptable) 218 ALMERIA AVE	
				City CORAL GABLES FL Zip Code 33134	
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: _____ DATE: _____ Signature, typed or printed name of registered agent and title if applicable.					
			<b>FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>DUE BY MAY 1</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROBERT EYCHNER 10 CHRISTOPHER ST NEW YORK, NY 10014		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____			ROBERT EYCHNER		04/25/03
			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #