

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 25, 2003 8:00 am**  
**Secretary of State**

09-12-2003 90063 039 \*\*\*\*55.00

**DOCUMENT # L02000003556**

1. Entity Name

3121 PROPERTY MANAGEMENT, L.L.C.



Principal Place of Business

272 HIGHLAND AVENUE  
UPPER MONTCLAIR NJ 07043

Mailing Address

272 HIGHLAND AVENUE  
UPPER MONTCLAIR NJ 07043

55057075

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-3616209

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MULLEN, JOSEPH P ESQ  
MULLEN & BIZZARRO, P.A.  
2929 E. COMMERCIAL BOULEVARD, STE PH-C  
FT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR  
NAME: TUROCK, NANCY  
STREET ADDRESS: 272 HIGHLAND AVENUE  
CITY-ST-ZIP: UPPER MONTCLAIR NJ 07043

TITLE:  Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
 Change  Addition

TITLE:  Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
 Change  Addition

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CITY-ST-ZIP:   
 Change  Addition

TITLE:  Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
 Change  Addition

10. ADDITIONS/CHANGES

TITLE:  Change  Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
 Change  Addition

TITLE:  Change  Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
 Change  Addition

TITLE:  Change  Addition  
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STREET ADDRESS:   
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 Change  Addition

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NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
 Change  Addition

TITLE:  Change  Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
 Change  Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Nancy Turock*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
Date: 9/16/03  
Daytime Phone #: 973-783-1599

CR2E083 (4/03)