

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028476

FILED  
Apr 22, 2004  
Secretary of State

Entity Name: OK 3800 CB, LLC

**Current Principal Place of Business:**

121 W 92ND STREET  
NEW YORK, NY 100257576 US

**New Principal Place of Business:**

**Current Mailing Address:**

121 W 92ND STREET  
NEW YORK, NY 100257576 US

**New Mailing Address:**

FEI Number: 13-2868910

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COSTELLO, TRUMAN J ESQ  
12670 NEW BRITTANY BLVD.  
SUITE 101  
FORT MYERS, FL 33907 US

**Name and Address of New Registered Agent:**

HUBBARD, STEVEN W ESQ  
2320 FIRST STREET  
SUITE 1000  
FORT MYERS, FL 33901 US

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.

SIGNATURE: STEVEN W. HUBBARD

04/22/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: KAMHI, OLIVIA  
Address: 121 W 92ND STREET  
City-St-Zip: NEW YORK, NY 100257576 US

Title: MGR (X) Delete  
Name: KAMHI, OLIVIA  
Address: 121 W 92ND STREET  
City-St-Zip: NEW YORK, NY 100257576 US

Title: MGR (X) Delete  
Name: KAMHI, OLIVIA  
Address: 121 W 92ND STREET  
City-St-Zip: NEW YORK, NY 100257576 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KAMHI, OLIVIA  
Address: 121 W 92ND STREET  
City-St-Zip: NEW YORK, NY 100257576 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: OLIVIA KAMHI

MGRM

04/22/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date