

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000052608

FILED
Feb 09, 2009
Secretary of State

Entity Name: 2020 HARRISON LLC

Current Principal Place of Business:

C/O JENEL MANAGEMENT CORP.
275 MADISON AVE.
NEW YORK, NY 10016

New Principal Place of Business:

Current Mailing Address:

C/O JENEL MANAGEMENT CORP.
275 MADISON AVE.
NEW YORK, NY 10016

New Mailing Address:

FEI Number: 20-2930089

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOINELO, CRISTINA D
16375 N.E. 18TH AVENUE, SUITE 325
CBA REALTY & MANAGEMENT CORP.
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DUSHEY, JACK
Address: 275 MADSON AVENUE
City-St-Zip: NEW YORK, NY 10016

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: DUSHEY, DAVID
Address: 1020 PARK AVENUE, 15A
City-St-Zip: NEW YORK, NY 10028

Title: MGRM () Change (X) Addition
Name: HIRSCHHORN, MICHAEL
Address: 30 FAIR LANE
City-St-Zip: JERICHO, NY 11753

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHAEL HIRSCHHORN

MGRM

02/09/2009

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