


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L97000000537**

1. Entity Name  
**GOTHAM ENTERPRISES 702, L.C.**



Principal Place of Business <b>* 1300 COLLINS AVE          #100          MIAMI BEACH, FL 33139</b>	Mailing Address <b>1300 COLLINS AVE          #100          MIAMI BEACH, FL 33139</b>
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**DO NOT WRITE IN THIS SPACE**



03182005 No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>65-0763109</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHLESSER, MELVYN  
 1300 COLLINS AVE  
 #100  
 MIAMI BEACH, FL 33139**

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHLESSER, MEL 1300 COLLINS AVE #100 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEEDS, ARTHUR 215 W. 83RD ST. NEW YORK, NY 10024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GERSHON, ROBERT 315 W. 55TH STREET NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GERSHON, MELVIN 315 W. 55TH STREET NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/21/05-80025-007 50.00

**DO NOT WRITE IN THIS SPACE**

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:** \_\_\_\_\_ **3/18/05** **305-531-3155**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #