

2001 UNIFORM BUSINESS REPORT (UBR)

0025807 AF

DOCUMENT # L99000002459

1. Entity Name
QUEENSWAY PROPERTY LLC

FILED

01 APR 25 AM 7:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1220 NORTH MARKET STREET, SUITE 606
WILMINGTON DE 19801**

Mailing Address
**1220 NORTH MARKET STREET, SUITE 606
WILMINGTON DE 19801**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

Zip Country

Zip Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATE CREATIONS ENTERPRISES INC.
4521 PGA BLVD #211
PALM BEACH GARDENS FL 33418**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME Delete
MGR STERLING MANAGERS LIMITED
STREET ADDRESS **P.O. BOX 362 ROAD**
CITY-ST-ZIP **TOWN TORTOLA, BVI**

Change Addition
700004162607--1
-05/08/01--01098--001
*****2350.00 *****50.00**

TITLE NAME Delete
MGR MANHATTAN MANAGEMENT COMPANY LIMITED
STREET ADDRESS **227 OLD AIRPORT ROAD, SUITE 227**
CITY-ST-ZIP **THE VALLEY ANGUILLA BVI**

Change Addition

TITLE NAME Delete

Change Addition

TITLE NAME Delete

Change Addition

TITLE NAME Delete

Change Addition

TITLE NAME Delete

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)(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: *[Signature]* **Sarah M. Carnuccio** 4/23/01 302-481-5730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)