

2001 UNIFORM BUSINESS REPORT (UBR)


0026707 AF

DOCUMENT # L99000003266

1. Entity Name
1161 OF DELRAY, LLC.

Principal Place of Business 118 N. BEDFORD ROAD, SUITE 203 MOUNT KISCO NY 10549	Mailing Address 118 N. BEDFORD ROAD, SUITE 203 MOUNT KISCO NY 10549
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
01 MAR 26 AM 2:39
 SECRETARY OF STATE


DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4066791				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
LOUIS J. CARBONE, P.A. 65 NE 4TH AVENUE DELRAY BEACH FL 33483		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 STREET ADDRESS CITY-ST-ZIP	MGR ROSNER, CHARLES 118 N. BEDFORD ROAD, SUITE 203 MOUNT KISCO NY 10549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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*******50.00 *****50.00**

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: *Charles Rosner* **3/21/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)