

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED *4/17*  
00 MAR 29 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006469

1. Entity Name  
LILTON REALTY LLC

Principal Place of Business  
C/O MANDEL & RESNIK  
220 EAST 42ND STREET  
NEW YORK NY 10017

Mailing Address  
C/O MANDEL & RESNIK  
220 EAST 42ND STREET  
NEW YORK NY 10017-5806



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*90 William West 4 Park Ave*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*3rd Floor*

City & State

City & State

*New York, NY*

4. FEI Number

Applied For  
 Not Applicable

Zip

Country

Zip

Country

*10016*

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

NATIONAL CORPORATE RESEARCH, LTD., INC.  
1406 HAYES STREET, SUITE #2  
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

200003208422--8  
-04/14/00--01004--018  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME  Delete  
*Member William West*  
STREET ADDRESS *C/O Charles H. Greenhal, 4 Park Avenue*  
CITY-ST-ZIP *New York, New York 10016*

TITLE NAME  Change  Addition

TITLE NAME  Delete  
*Member Bernard West*  
STREET ADDRESS *C/O Charles H. Greenhal, 4 Park Ave*  
CITY-ST-ZIP *New York, New York 10016*

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

*2/28/2000*  
Date

Daytime Phone #

CR2E083 (9/99)