

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000016
1. Entity Name
 SHIRA HOLDING COMPANY LLC

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 AUG 16 AM 10:02

Principal Place of Business **Mailing Address**
 C/O K.J. LAPOINTE & COMPANY C/O K.J. LAPOINTE & COMPANY
 300 ADAMS STREET, SUITE 440 300 ADAMS STREET, SUITE 440
 JACKSONVILLE FL 32202 JACKSONVILLE FL 32202



2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number 22-37167 **NOT APPLICABLE** Applied For
 Not Applicable
5. Certificate of Status Desired **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 POINTE, KENNETH LA
 C/O K.J. LAPOINTE & COMPANY
~~300 ADAMS STREET, SUITE 440~~
 JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 124 Cypress Lagoon Court
 City Jacksonville FL Zip Code 32202

New address →

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

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

700003369977-1
 -08/23/00--01092--005
 *****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	Managing Member Ira Wolff	800 Third Avenue, Suite 3700	New York, NY 10022		

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 REQUIRED** _____ **Date** 8/17/00 **Daytime Phone #** 212 689 3975

CR2E083 (5/00)