

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 08, 2003 8:00 am**  
**Secretary of State**

04-08-2003 90023 007 \*\*\*\*50.00

DOCUMENT # M00000000872



1. Entity Name  
**COLONNADE PROPERTIES LLC**

Principal Place of Business  
**ONE ROCKEFELLER PLAZA, SUITE 2300  
NEW YORK NY 10020**

Mailing Address  
**ONE ROCKEFELLER PLAZA, SUITE 2300  
NEW YORK NY 10020**

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 **13-4083054**

Applied For

Not Applicable

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

## 6. Name and Address of Current Registered Agent

**AMERICAN INFORMATION SERVICES, INC.  
ONE S.E. THIRD AVENUE  
MIAMI FL 33131**

## 7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$100**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

## 9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **TAYLOR, PAUL E III**  
STREET ADDRESS **ONE ROCKEFELLER PLAZA, SUITE 2300**  
CITY-ST-ZIP **NEW YORK NY 10020**

TITLE **MGR** ☐ Delete  
NAME **SAMBUCO, JOSEPH S**  
STREET ADDRESS **ONE ROCKEFELLER PLAZA, SUITE 2300**  
CITY-ST-ZIP **NEW YORK NY 10020**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/2/03 212 632 7090

CR2E083 (10/02)