

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

LB TOWN CENTER RESIDENTIAL LLC01 JUL -2 AM 8:47

Principal Place of Business
3 WOOD FINANCIAL CENTER
NEW YORK, N.Y. 10285

Mailing Address
101 HUDSON STREET
39TH FLOOR
JERSEY CITY, NJ 07302

FILED

01 JUL -2 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

52-2250189

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST
TALLAHASSEE, FL 32301

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when restatesting)

DATE

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

600004335666--0
-05/31/01--01042--003
*****650.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT WAYNE R. WHITLOCK 3 WOOD FINANCIAL CENTER NEW YORK, N.Y. 10285	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT CONTROLLER BARRY J. O'BRIEN 101 HUDSON STREET, CORPORATE TAX JERSEY CITY, N.J. 07302	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JENNIFER MARRE 3 WOOD FINANCIAL CNTR. NEW YORK, N.Y. 10285	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ROCCO F ANDRIOLA 3 WOOD FINANCIAL CNTR. NEW YORK, N.Y. 10285	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT KENNETH F. BOYIE 3 WOOD FINANCIAL CNTR. NEW YORK, N.Y. 10285	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

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

Barry J. O'Brien

Vice President

4/30/01

(201)
524-5822

CR2E083 (11/00)