2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State
04-25-2007 90030 025 ****50.00

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02012007 Chg-LLC CR2E083 (12/06)

DOCUMENT # M00000001175

1. Entity Name
COLONNADE ASHLEY LLC

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

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
380 Lexington Avenue		380 Lexington Ave.	
Suite, Apt. #, etc.: Suite 710		Suite, Apt. #, etc.: Suite 710	
City & State: New York, NY		City & State: New York, NY	
Zip: 10168	Country: USA.	Zip: 10168	Country: USA

4. FEI Number: 13-4120974 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS
103 N. MERIDIAN STREET, LOWER LEVEL
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. 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

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

Field	Entry	
TITLE	MGRM	☐ Delete
NAME	COLONNADE ASHLEY PLAZA, LLC	
STREET ADDRESS	ONE ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK, NY	
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		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

Field	Entry	
TITLE		☐ Change ☐ Addition
NAME	380 LEXINGTON AVE.	
STREET ADDRESS	SUITE 710	
CITY-ST-ZIP	NEW YORK, NY 10168	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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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 exemptions contained in Chapter 119, 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] Joseph Sambuco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #