

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90162 001 ****50.00

DOCUMENT # M01000001372

1. Entity Name

WILLIAM & SONS REALTY OF 28TH STREET, LLC

Principal Place of Business 137 EAST 29TH STREET NEW YORK NY 10016	Mailing Address 137 EAST 29TH STREET NEW YORK NY 10016
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00043300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 293 BRYANT AVENUE Suite, Apt. #, etc.	3. Mailing Address 293 BRYANT AVENUE Suite, Apt. #, etc.
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City & State WHITE PLAINS, NY	City & State WHITE PLAINS, NY	4. FEI Number 13-3969401	APPLIED FOR	Applied For Not Applicable
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Zip 10605	Country westchester	Zip 10605	Country westchester	5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent STEIN, CLIFFORD M ESQ. 5345 PINETREE DRIVE MIAMI BEACH FL 33140	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 3/14/2002

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FAKHIR, GEORGE 137 EAST 29TH STREET NEW YORK NY 10016 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Fakhir George 7 Audrey Lane White Plains, New York, 10605	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: GEORGE FAKHIR 3/14/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0022350

CR2E083 (9/01)