

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90155 011 \*\*\*\*50.00

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**DOCUMENT # M03000000373**

1. Entity Name  
 447 FORT WASHINGTON EQUITIES LLC



Principal Place of Business C/O TIME EQUITIES, INC. 55 FIFTH AVENUE, 15TH FLOOR NEW YORK, NY 10003	Mailing Address C/O TIME EQUITIES, INC. 55 FIFTH AVENUE, 15TH FLOOR NEW YORK, NY 10003
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**DO NOT WRITE IN THIS SPACE**



01122005No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>13-3259822</b> NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
 526 EAST PARK AVENUE  
 TALLAHASSEE, FL 32301

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, title or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREENBURGER, FRANCIS 55 FIFTH AVENUE, 15TH FLOOR NEW YORK, NY 10003
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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: Francis Greenburger Date: 2/3/05 Daytime Phone #: (212) 206.6163

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