Daytime Phone #

## **2001 UNIFORM BUSINESS REPORT (UBR)**

	MENT # M9800	0001046				· · · · · · · · · · · · · · · · · · ·	ILED		8
1. Entity Name WHITEHALL PROPERTIES LIMITED LIABILITY COMPANY						01 MAR 19 PM 1:32			
Principal Place of Business Mailing Address				<u> </u>		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
% JEROME H. KATZ. V.P. % JEROME H. KATZ. V.P. 3 NEW YORK PLAZA 3 NEW YORK PLAZA									
NEW YORK N		NEW YORK NY 10004							~
Principal Place of Business     .      Mailing Address			es						
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Sta	te	City & State			4. FEIN	13-3862839	<u> </u>	pplied For ot Applicable	
Zip	Country	Zip ,	Cour	ntry	5. Certi	ficate of Status Desired	\$5.00 Add	ditional	1
	6. Name and Address of Current I	Registered Agent	<u> </u>		7. Nam	e and Address of New Registe	<u>_</u> _		_
				Name		•			
BARTLETT, BARON L ESQUIRE % BARTLET & HEEKIN				Street Addres	eet Address (P.O. Box Number is Not Acceptable)				
50 HIGHW	VAY A1A, SUITE 103								
PONTE VEDRA BEACH FL 32082				City FL Zip Code					[
8. The above	named entity submits this statement for	the purpose of changing its	register	ed office or regis	tered agent,	or both, in the State of Florida.	··		
SIGNATURE	Signature, typed or printed name of registered agent a	nd title it applicable (NOT	E: Bogistara	d Agent signature requ	med when coinciat	200	ATE		
	Signature, typeo or primes marie or registered agent a			<u> </u>	·· <del>···</del>				┪
~	en e	- FILE N		FEE IS \$50.0 o Department			•		}
9.	MANAGING MEMBE	RS/MEMBERS	10.			ADDITIONS/CHAN	GES		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	MGR PAN AM EQUITIES, INC. 3 NEW YORK PLAZA	☐ Delete					☐ Change	☐ Addition	R2E083 (11/00)
TITLE	NEW YORK NY 10004 MGRM	☐ Delete	TITLE		·	onnoina a	- F Change	Addition	뮖
NAME STREET ADDRESS	THE FM GRAND CHILDREN'S TRU		NAM	E ET ADDRESS	•	80000391 -03/27/01	010240	21	0
CITY-ST-ZIP	3 NEW YORK PLAZA NEW YORK NY 10004			-ST-ZIP		*****50.0	[] ******* <u>*</u>	<u></u>	
TITLE NAME	MGRM PAMELA EQUITIES INC.	☐ Delete	TITLE NAM				☐ Change	Addition	
STREET ADDRESS	3 NEW YORK PLAZA			ET ADDRESS					
CITY-ST-ZIP	NEW YORK NY 10004			-ST-ZIP		<u> </u>			1
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CITY-ST-ZIP			+	-ST-ZIP		•	·		1
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CITY-ST-ZIP			CITY	-ST-ZiP		. •			
TITLE		☐ Delete	TITLE	i			☐ Change	Addition	
NAME STREET ADDRESS		,	NAME	ET AODRESS					
CITY-ST-ZIP	·		1	-ST-ZIP					1
11. I hereby o	certify that the information supplied with t	his filing does not qualify for	the exer	nption stated in	Section 119.0	07(3)(i), Florida Statutes. I furthe	r certify that the in	nformation	1
limited lia	on this report is true and accurate and the bility company or the receiver or trustee	empowered to execute this i	eport as	required by Cha	apter 608, Flo	rida Statutes.	moer or manage	er OI (NB	.