

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 MAR 24 AM 10:37

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L98000001739

203 PLACE ASSOCIATES, L.L.C.
C/O SCHUR MANAGEMENT CO., LTD.
2432 GRAND CONCOURSE
BRONX NY 10458

99-AR
CM

1a. Principal Place of Business Address

C/O SCHUR MANAGEMENT CO., LT
2432 GRAND CONCOURSE
BRONX NY 10458

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

09/04/1998

FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

☐ Applied For

☐ Not Applicable

City & State

City & State

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

Zip

Country

Zip

Country

13-4025951

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

SCHUR, ROBERT
501 BRICKELL KEY DRIVE, SUITE 300
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

900002826169-2

-04/01/99--01042--025

****188.75 ****188.75

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGR

SCHUR, LAWRENCE

2432 GRAND CONCOURSE

BRONX NY

11. I do 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 annual 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 authorized to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

William Schur, Partner 2/19/99 718-733-6300-
Lawrence Schur, Partner 3/5/99