212-649-9700

Daytime Phone #

2001-UNIFORM BUSINESS REPORT (UBR)

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

| DOCUMENT # M0000001786 1. Entity Name 587 BARTON BLVD., L.L.C. | | | | | | FILED 01 MAR 26 PM 3: 23 | | | |
|--|--|---------------------------------|--|--------------------|--|--|--|-------------------------|--|
| C/O GREYST | Ce of Business ONE & COMPANY TH STREET, 60TH FLOOR IY 10019 | * | C/O GREYSTONE & COMPANY 52 WEST 57TH STREET. 60TH FLOOR | | | SEGRETARY OF STATE TALLAHASSEE FLORIDA | | | |
| 2. Principal F | Place of Business | 3. Mailing Address | Mailing Address | | | | | | |
| Suite, Apt. | . #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | | | | |
| City & State | | City & State | City & State | | 4. FEI Number 13-4120861 Applied For Not Applicable | | | | |
| Zip Country Z | | Zip | Country C | | 5. Certificate of Status Desired S5.00 Additional Fee Required | | | | |
| | 6. Name and Address of Curre | nt Registered Agent | | | 7. Nam | e and Address of New Registe | | | |
| | | | - | Name . | | | | | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD | | | Street Address | | (P.O. Box Number is Not Acceptable) | | | | |
| PLANTATI | ION FL 33324 | | City | | | | FL Zip Coo | le | |
| | , MANAGING ME | Make Check F | Payable to | Department | | ADDITIONS (QUA) | | | |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP | MANAGING MEM MGRM NH FLORIDA REALTY CORP. 152 WEST 57TH STREET, 60TH NEW YORK NY 10019 | | TITLE NAME STREET CITY-S | FADDRESS ST-ZIP | | ADDITIONS/CHAN | Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET CITY-S | ADDRESS ST-ZIP | | 0000393 03/30/01 *****500. | 011036 | ~UI T | |
| TITLE NAME Street address City-St-Zip | | ☐ Delete | TITLE NAME STREET CITY-S | ADDRESS | _ | | Change | ☐ Addition | |
| TITLE NAME Street Address City-St-Zip | | □ Delete | TITLE NAME STREET CITY-S | ADDRESS ST-ZIP | | | Change | ☐ Addition | |
| TITLE NAME Street Address City-St-Zip | | ☐ Delete | TITLE NAME STREET CITY-S | ADORESS it-zip | | | Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET CITY-S | ADDRESS T-ZIP | | | : Change | _ Addition | |
| indicated | on this report is true and accurate a billty company or the receiver or trus arton Blvd. | nd that my signature shall have | e the same I | enal effect as if | made under | nath: that I am a managing me | r certify that the in ember or manage | nformation or of the | |