

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001484

FILED
Jun 30, 2004
Secretary of State

Entity Name: 32 CAMDEN DRIVE, L.L.C.

Current Principal Place of Business:

18305 BISCAYNE BLVD., SUITE 400
AVENTURA, FL 33160

New Principal Place of Business:

212 EAST 47TH STREET
3RD FLOOR
NEW YORK, NY 10017

Current Mailing Address:

18305 BISCAYNE BLVD., SUITE 400
AVENTURA, FL 33160

New Mailing Address:

212 EAST 47TH STREET
3RD FLOOR
NEW YORK, NY 10017

FEI Number: 75-2972127

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, SETH ESQ.
2500 N. MILITARY TRAIL STE 1111
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: GOODSTEIN, STEVEN
Address: 18305 BISCAYNE BLVD., SUITE 400
City-St-Zip: AVENTURA, FL 33160

Title: MGR () Delete
Name: SHAHAK, MORDECHAY
Address: 18305 BISCAYNE BLVD., SUITE 400
City-St-Zip: AVENTURA, FL 33160

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GOODSTEIN, STEVEN
Address: 212 EAST 47TH STREET, 3RD FLOOR
City-St-Zip: NEW YORK, NY 10017

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: STEVEN GOODSTEIN

MGR

06/30/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date