

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90096 038 *****55.00

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DOCUMENT # L00000015295

1. Entity Name

TIGERS WAY MANAGEMENT, LC



Principal Place of Business

**15 WEST 72ND STREET, APT. 30E
NEW YORK NY 10023-3473**

Mailing Address

**15 WEST 72ND STREET, APT. 30E
NEW YORK NY 10023-3473**

2. Principal Place of Business

15 WEST 72ND ST.

3. Mailing Address

15 WEST 72ND ST.

Suite, Apt. #, etc.

30E

Suite, Apt. #, etc.

30E

City & State

N.Y., N.Y.

City & State

N.Y., N.Y.

Zip

10023

Country

USA

Zip

10023

Country

USA

4. FEI Number

13-4145330

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**LEXA, JOSEPH J
285 WEST 33RD STREET
MIAMI BEACH FL 33140**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **ROSSINI, CARLOTTA**
STREET ADDRESS **15 WEST 72ND STREET, APT. 30E**
CITY-ST-ZIP **NEW YORK NY 10023-3473**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

CARLOTTA ROSSINI REQUIRED

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

2/27/03 212-724-5221

Date

Daytime Phone #

CR2E083 (10/02)