

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A02000001594

1. Entity Name

BEDROSIAN HOLDINGS, LTD.



FILED

03 APR 30 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2887 NE 26TH COURT

Suite, Apt. #, etc.

3. Mailing Address

c/o PAUL CAPKANIS

Suite, Apt. #, etc.

320 WEST END AVE #14B

City & State

FORT LAUDERDALE FL

City & State

NEW YORK NY

Zip

33306

Country

USA

Zip

10023

Country

USA

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number

22-3882-794

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

MAILYN BEDROSIAN

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

2887 NORTHEAST 26TH COURT

City

FT LAUDERDALE

FL

Zip Code

33306

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.

DATE

9. Capital Contributions
as Shown on record.

\$1,500,000
10,000 UNITS

10. Amount of Capital Contributions
in FLORIDA to date.

\$1,500,000

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #

L0200003067

NAME

MSGG LLC

STREET ADDRESS

c/o PAUL CAPKANIS 320 WEST END AVE #14B

CITY-ST-ZIP

NEW YORK NY 10023

STREET ADDRESS

CITY-ST-ZIP

500017613085

04/30/03--01103--015 **526.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Sande Capkanis
SANDE CAPKANIS
MSGG LLC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/27/03 (212) 721-8416

CR2E003B (12/02)