2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005465

Address:

Entity Name: AB GREEN RALEIGH OPERATOR, INC.

FILED Jan 28, 2009 Secretary of State

Entity Nai	Me: ABGREE	IN RALEIGH OPERATOR, INI	○ .				
Current P	rincipal Place	of Business:	New Principal Place of Business:				
1775 COLI MIAMI, FL							
Current M	lailing Addres	s:	New Mailing Address:				
5TH FLOC	TH STREET OR KK, NY 10003						
FEI Number	: 30-0124075	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
1200 SOU	ORATION SYS TH PINE ISLAI ION, FL 33324	ND ROAD					
	named entity see of Florida.	submits this statement for the	purpose of changing i	ts registered	l office or registered agent, or	both,	
SIGNATU	RE:						
	Electron	ic Signature of Registered Ag	ent		Date		
Election Car	mpaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	BALAZS, ANDR	TREET, 5TH FLOOR	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	GORAB, EUGE	TREET, 5TH FLOOR	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	MARCUS, BARI	TREET, 5TH FLOOR	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	MCPARTLIN, JI	TREET, 5TH FLOOR	Title: Name: Address: City-St-Zip:	VARTOUGHI	STREET, 5TH FLOOR		
Title: Name:	VP (X) VARTOUGHIAN	Delete . ARMINE	Title: Name:		() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MASON CHAN CONT 01/28/2009

23 EAST 4TH STREET, 5TH FLOOR

City-St-Zip: NEW YORK, NY 10003