

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 00000001316

1. Entity Name  
404 WEST KENNEDY, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 13 AM 10:02

Principal Place of Business: 37 WEST 47TH STREET 4TH FLOOR NEW YORK NY 10036  
Mailing Address: 37 WEST 47TH STREET 4TH FLOOR NEW YORK NY 10036



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 207 WEST 25TH STREET  
3. Mailing Address: 207 WEST 25TH STREET

Suite, Apt. #, etc.: 8TH FLOOR

City & State: NEW YORK NY

Zip: 10001 Country: USA

4. FEI Number: 58-2519041 Applied For: Not Applicable

5. Certificate of Status Desired:  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
SILBERSTEIN, DAVID M  
720 SOUTH ORANGE AVENUE  
SARASOTA FL 34236

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.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Money Check Payable to Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGR NAME: KAPRIELIAN, HRATCH N STREET ADDRESS: 37 WEST 47TH STREET 4TH FLOOR CITY-ST-ZIP: NEW YORK NY 10036	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: 207 WEST 25TH STREET, 8TH FLOOR CITY-ST-ZIP: NEW YORK NY 10001	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: 000003399390--8 CITY-ST-ZIP: -09/20/00--01062--008	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: *****50.00 CITY-ST-ZIP: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: SIGNATURE REQUIRED HRATCH N. KAPRIELIAN 9/5/00 (212)255-8499  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E183 (5/00)