

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000001345**1. Entity Name
IRENE GARAGE LLC

Principal Place of Business	Mailing Address
333 EARLE OVINGTON BLVD., SUITE 1030 ATTN: SHARON ROSS UNIONDALE NJ 11553	333 EARLE OVINGTON BLVD., SUITE 1030 ATTN: SHARON ROSS UNIONDALE NJ 11553

2. Principal Place of Business	3. Mailing Address
425 EAST 61ST STREET Suite, Apt. #, etc.	425 EAST 61ST STREET Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number	Applied For
NEW YORK NY	NEW YORK NY	11-3533105	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
10021			

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRIAN TAGUE, P.A. 201 S. BISCAYNE BLVD., 26TH FL MIAMI FL 33131 US	Name REGISTERED AGENTS OF FLORIDA, LLC Street Address (P.O. Box Number is Not Acceptable) 100 SE 2ND STREET SUITE 3500 City MIAMI FL Zip Code 33131

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 HOWARD J. VOGEL, VP DATE 05/01/2001
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**
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR METROPOLITAN QUIK PARK OF SOUTH FLORIDA LL 333 EARLE OVINGTON BLVD., SUITE 1030 UNIONDALE NJ 11553 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM METROPOLITAN QUIK PARK OF SOUTH FLORIDA LL 333 EARLE OVINGTON BLVD., SUITE 1030 UNIONDALE NY 11553 <input checked="" 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
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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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: Jacob I. Sopher, auth. rep. of Member A/R 05/01/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)