

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

**May 01, 2001 08:00 AM
Secretary of State**

DOCUMENT # L00000011900

1. Entity Name
120 OCEAN GARAGE, LLC

Principal Place of Business % RSVP METROPOLITAN PARKING, LLC 333 EARLE OVINGTON DRIVE, SUITE 1030 UNIONDALE NY 11553	Mailing Address % RSVP METROPOLITAN PARKING, LLC 333 EARLE OVINGTON DRIVE, SUITE 1030 UNIONDALE NY 11553
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2. Principal Place of Business 425 E. 61ST STREET	3. Mailing Address 425 E. 61ST STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent
MARTIN PEDRO AESQ.
GREENBERG, TRAUIG P.A.
1221 BRICKELL AVENUE, SUITE 2100
MIAMI FL 33131 US

7. Name and Address of New Registered Agent
Name
REGISTERED AGENTS OF FLORIDA, LLC
Street Address (P.O. Box Number is Not Acceptable)
100 SOUTHEAST SECOND 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**

05/01/2001

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 Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE	MGRM <input type="checkbox"/> Delete
NAME	METROPOLITAN QUIK PARK OF SOUTH FLORIDA LL
STREET ADDRESS	333 EARLE OVINGTON DRIVE, SUITE 1030
CITY-ST-ZIP	UNIONDALE NY 11553
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: **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)