

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000011901****1. Entity Name**
COLLINS SOUTH GARAGE, LLC

Principal Place of Business	Mailing Address
% RSVP METROPOLITAN PARKING, LLC 333 EARLE OVINGTON DRIVE, SUITE 1030 UNIONDALE NY 11553	% RSVP METROPOLITAN PARKING, LLC 333 EARLE OVINGTON DRIVE, SUITE 1030 UNIONDALE NY 11553

2. Principal Place of Business	3. Mailing Address
425 EAST 61ST STREET	425 EAST 61ST STREET

Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
NEW YORK NY	NEW YORK NY

Zip	Country	Zip	Country
10021		10021	

4. FEI Number	Applied For
	<input checked="" type="checkbox"/> Not Applicable

5. Certificate of Status Desired	\$5.00 Additional Fee Required
<input type="checkbox"/>	

DO NOT WRITE IN THIS SPACE

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 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****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**

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
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

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

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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)