## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0000013574 ALBANY TOWER ASSOCIATES, L.L.C. Principal Place of Business Mailing Address Ste 218 99 W. HAWTHORNE AVE. P.O. BOX 460 VALLEY STREAM NY 11580 VALLEY STREAM NY 11582

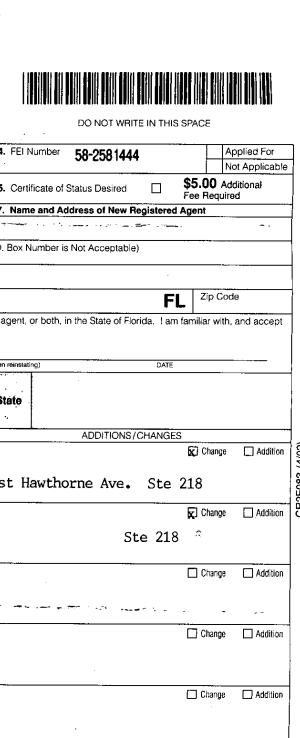
Daniel Wiener

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## FILED Sep 25, 2002 8:00 am Secretary of State

09-25-2002 90115 031 \*\*\*\*50.00



516 593-0660

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Zip Country Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHAPIRO, MICHAEL B Stréet Address (P.O. Box Number is Not Acceptable) SHAPIRO & DECTOR, P.A. 7777 GLADES RD., STE. 200 **BOCA RATON FL 33434** 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 25, 2002 9. MANAGING MEMBERS/MANAGERS 10. MEM TITLE ☐ Delete TITLE WIENER, DANIEL NAME STREET ADDRESS 9 WEST HAWTHORNE AVE., STE. 520 STREET ADDRESS 99 West Hawthorne Ave. CITY-ST-ZIP **VALLEY STREAM NY 11580** CITY-ST-ZIP TITI F MEM ☐ Delete TITLE NAME WIENER, JUDE NAME STREET ADDRESS 99 WEST HAWTHORNE AVE., STE 520 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VALLEY STREAM NY 11580 TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 Statures.