2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013666

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1. Entity Name

SWANN AVENUE, LLC

Principal Place of Business	Mailing Address
207 W 25TH ST	207 W 25TH ST
8TH FLOOR	8TH FLOOR
NEW YORK NY 10001	NEW YORK NY 10001

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip	Country

4. FEI Number
58-2581361

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
SILBERSTEIN, DAVID M	Name
720 S ORANGE AVE	Street Address (P.O. Box Number is Not Acceptable)
SARASOTA FL 34236	
	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 _____

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	MGR	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	KAPRIELIAN, HRATCH N		NAME	200004271742---9	
STREET ADDRESS	207 W 25TH ST 8TH FLOOR		STREET ADDRESS	-05/18/01--01101--013	
CITY-ST-ZIP	NEW YORK NY 10001		CITY-ST-ZIP	****50.00 *****50.00	
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E083 (11/00)

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: _____ HRATCH N. KAPRIELIAN   4/26/01   (212) 255-8499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #