## LIMITED LIABILITY COMPANY

## **FILED** May 12, 2002 8:00 am Secretary of State

05-12-2002 90579 034 \*\*\*\*50.00

**UNIFORM BUSINESS REPORT (UBR)** DOCUMENT #

SIGNATURE: // COMPRINTED NAME OF SIGN

L00000014027 1. Entity Name ST. PETERSBURG, FL REALTY LLC DO NOT WRITE IN THIS SPACE 957367 2. Principal Place of Business 3. Mailing Address MADISON AVE PAME Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE FLOOR City & State City & State NEW YORK Applied For Not Applicable Zip 1002 \$5.00 Additional USA 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable IN THIS SPACE CITYTALLAHASSEE 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. FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1 MANAGING MEMBERS/MANAGERS RONALD J. OCHL TITLE 1811 E 485 MADISON AVENUE NAME STREET ADDRESS NEW YORK, MY 10022 STREET ADDRESS CITY-ST-ZIP CITY ST. ZP PRESIDENT , RONALD J. OEH TITLE BILE M REALTY CORP NAME NAME 485 MADISON AVENUE NEW YORK, MY 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP M 10022 CITY-ST-28P TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS DO NOT WRITE CITY - ST - ZIP CITY ST-ZP TITLE BBS IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE BRE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZP TITLE THE NAME NAME STREET ADDRESS STREET ADORESS CHY-ST-28 11. I hereby certify that the information subplied with this filing does not qualify for the exemption indicated on this report is true and accurate and that my signature shall have the same logal limited liability company or the receiver or trustee empowered to execute this report as equir. stated in Section 119.0/3)(i), Florida Statutes. I further certify that the information effect as if made under oath, that I am a managing member or manager of the effect as if made under ed by Chapter 608, Florida Statutes

G MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE