

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90096 038 \*\*\*\*\*55.00

0044095

**DOCUMENT # L00000015295**

1. Entity Name

**TIGERS WAY MANAGEMENT, LC**



Principal Place of Business

**15 WEST 72ND STREET, APT. 30E  
NEW YORK NY 10023-3473**

Mailing Address

**15 WEST 72ND STREET, APT. 30E  
NEW YORK NY 10023-3473**

2. Principal Place of Business

**15 WEST 72ND ST.**

3. Mailing Address

**15 WEST 72ND ST.**

Suite, Apt. #, etc.

**30E**

Suite, Apt. #, etc.

**30E**

City & State

**N.Y., N.Y.**

City & State

**N.Y., N.Y.**

Zip

**10023**

Country

**USA**

Zip

**10023**

Country

**USA**

4. FEI Number

**13-4145330**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**LEXA, JOSEPH J  
285 WEST 33RD STREET  
MIAMI BEACH FL 33140**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **ROSSINI, CARLOTTA**  
STREET ADDRESS **15 WEST 72ND STREET, APT. 30E**  
CITY-ST-ZIP **NEW YORK NY 10023-3473**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

**CARLOTTA ROSSINI REQUIRED**

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

**2/27/03 212-724-5221**

Date

Daytime Phone #

CR2E083 (10/02)