

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000003718

1. Entity Name
RASTATT LLC



Principal Place of Business
46 STATE STREET, 3RD FLOOR
ALBANY, NY 12207

Mailing Address
46 STATE STREET, 3RD FLOOR
ALBANY, NY 12207

FILED

2004 APR 29 P 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01122004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

UCC FILING & SEARCH SERVICES, INC.
526 EAST PARK AVE.
STE. 200
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2004**

04/26/04 09:05:10 143890.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME CAVERSHAM LLC
STREET ADDRESS 46 STATE STREET, 3RD FLOOR
CITY-ST-ZIP ALBANY, NY 12207

TITLE MGR
NAME SILVERSANDS LLC
STREET ADDRESS 30 E. 40TH ST.
CITY-ST-ZIP NEW YORK, NY 10016

TITLE MGR
NAME FRYER, LINDA ANNE
STREET ADDRESS 12 MONA TERRACE DOUGLAS
CITY-ST-ZIP ISLE OF MAN, BRITISH ISLANDS,

TITLE MGRM
NAME HARRISON LIMITED
STREET ADDRESS PO BOX 227 CLINCH'S HOUSE
CITY-ST-ZIP LORD STREET DOUGLAS 10M,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100034714391
04/29/04 01053011 \$50.00

**DO NOT WRITE
IN THIS SPACE**

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.

For and on behalf of CAVERSHAM LLC

SIGNATURE:

MCLAWIE SAKAPOLC

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

Date 04/26/04 Daytime Phone #