2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0200006271

1. Entity Name



NEWMAR	K OF FLORIDA, LLC						
Principal Place of Business 125 PARK AVE. C/O.NEWMARK & COMPANY REAL ESTATE. INC. NEW YORK NY 10017		Mailing Address 125 PARK AVE. C/O NEWMARK & COMPAN NEW YORK NY 10017	125 PARK AVE. C/O NEWMARK & COMPANY REAL ESTATE. INC.				
2. Principal F	Place of Business `	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			💢 CHECK HERE IF	MAKING CHANGES	
City & Sta	te	City & State		4. FEI N	umber	<i> </i>	oplied For ot Applicable
Zip	Country	Zip	Country		icate of Status Desired	T OC TICQUITO	ditional d
	6. Name and Address of Current	Registered Agent	- 	7. Name	and Address of New Re	gistered Agent	
443	IMBERGEXCELSIOR CORPORATE 5 OLD WINTER GARDEN ROAD ANDO FL 32811	SERVICES, INC.	Street /	Address (P.O. Box No	umber is Not Acceptable)		
			City			FL Zip Cod	e
	named entity submits this statement folions of registered agent.	r the purpose of changing its	registered office o	r registered agent, o	ir both, in the State of Flori	ida. 1 am familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signa	ture required when reinstatin	ng)	DATE	
							
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		Make Check Payable	e to Fiorida De By May 1, 200	•	e		
9.	MANAGING MEMBE		10.	MERM .	ADDITIONS/C		Addition
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Apr 28, 2003 8:00 am Secretary of State

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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: JOSEPH NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE

212-372-2000