

FILED
Sep 08, 2003 8:00 am
Secretary of State

07-21-2003 90088 011 ****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

71
72

55055855

☐ CHECK HERE IF MAKING CHANGES

4. FBI Number **W-01V5747**

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

KOCHMAN, RONALD S
222 LAKEVIEW AVE., STE. 050
WEST PALM BEACH FL 33401

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 maintaining)

DATE

FILE NOW! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
	Julian Bernstein	1015 Route 25A, Suite 1A	Stony Brook NY 11790	
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 its receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE:

Julian Bernstein

REQUIRED

Julian Bernstein

7/15/03

SIGNATURE AND TYPE OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone