2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/26/2003-90005-010-$55.00-$55.00

0022462

DOCUMENT # L02000018143

FILED
03 OCT 21 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
FIRST WEST PALM OFFICE OWNER LLC

Principal Place of Business	Mailing Address
C/O METROCENTERS LLC 305 NORTHERN BLVD. GREAT NECK NY 11021	C/O METROCENTERS LLC 305 NORTHERN BLVD. GREAT NECK NY 11021

2. Principal Place of Business	3. Mailing Address
C/O METROCENTERS LLC	C/O METROCENTERS
Suite, Apt. #, etc.: ONE NORTH BROADWAY SUITE 1200	Suite, Apt. #, etc.: ONE NORTH BROADWAY SUITE 1200
City & State: WHITE PLAINS, N.Y.	City & State: WHITE PLAINS, NY
Zip: 10601 Country: USA	Zip: 10601 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number — ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM JONATHAN OTTO ONE NORTH BROADWAY SUITE 1200 WHITE PLAINS, NY 10601	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (4/03)

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: SIGNATURE REQUIRED 9/18/03 914-684-6861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #