


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90172 001 ****50.00
07-12-2004 90172 002 ****50.00

DOCUMENT # L02000018599					
1. Entity Name SARATOGA PLACE LLC					
Principal Place of Business 88-05 MERRICK BOULEVARD, #L3 JAMAICA, NY 11432			Mailing Address 88-05 MERRICK BOULEVARD, #L3 JAMAICA, NY 11432		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SOBHRAJ, HARRY 2917 ASHTON TERRACE OVIEDO, FL 32765 <i>MGRM</i>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
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: <i>[Signature]</i>					
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 September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	NAME		TITLE	NAME	
	SUBRAJ, KEN		P	[same]	
STREET ADDRESS	88-05 MERRICK BOULEVARD, #L3		STREET ADDRESS	[same]	
CITY-ST-ZIP	JAMAICA, NY 11432		CITY-ST-ZIP	[same]	
TITLE	NAME		TITLE	NAME	
				P	
STREET ADDRESS			STREET ADDRESS	SUBRAJ, GEORGE	
CITY-ST-ZIP			CITY-ST-ZIP	8805 MERRICK BLVD	
				JAMAICA, NY 11432	
TITLE	NAME		TITLE	NAME	
				P	
STREET ADDRESS			STREET ADDRESS	SOBHRAJ, JAIRAJ	
CITY-ST-ZIP			CITY-ST-ZIP	8805 MERRICK BLVD.	
				JAMAICA, NY 11432	
TITLE	NAME		TITLE	NAME	
				P	
STREET ADDRESS			STREET ADDRESS	SOBHRAJ, STEVE	
CITY-ST-ZIP			CITY-ST-ZIP	8805 MERRICK BLVD.	
				JAMAICA, NY 11432	
TITLE	NAME		TITLE	NAME	
				P	
STREET ADDRESS			STREET ADDRESS	SOBHRAJ, HARRY	
CITY-ST-ZIP			CITY-ST-ZIP	8805 MERRICK BLVD.	
				JAMAICA, NY 11432	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>[Signature]</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date					
Daytime Phone #					

34009216



07012004 Chg-LLC CR2E083 (10/03)

4. FEI Number
NOT APPLICABLE

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

FL

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000018582					
1. Entity Name SANDSTONE PLACE LLC					
Principal Place of Business 88-05 MERRICK BOULEVARD #L3 JAMAICA, NY 11432			Mailing Address 88-05 MERRICK BOULEVARD #L3 JAMAICA, NY 11432		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 47-0877382					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent					
SOBHRAJ, HARRY 2917 ASHTON TERRACE OVIEDO, FL 32765					
7. Name and Address of New Registered Agent					
Name Street Address (P.O. Box Number is Not Acceptable) City State: 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: <small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent Signature required when constituting)</small>					
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUBRAJ, KEN 8805 MERRICK BLVD JAMAICA, NY 11432	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUBRAJ, GEORGE 8805 MERRICK BLVD JAMAICA, NY 11432	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUBRAJ, JURA 8805 MERRICK BLVD JAMAICA, NY 11432	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOBHRAJ, JAIRAJ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUBRAJ, STEVE 8805 MERRICK BLVD JAMAICA, NY 11432	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOBHRAJ, STEVE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUBRAJ, HARRY 8805 MERRICK BLVD JAMAICA, NY 11432	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOBHRAJ, HARRY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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SIGNATURE:					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					