## LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** L02000031608



## **FILED** Feb 24, 2003 8:00 am Secretary of State

50TH	STREET PROPERTIES,	LLC			02-24-2003 90	0057 002 ****50.00
2 Di	DO NOT WRITE		PAC	)E		
2. Principa	al Place of Business North 50th St.	3. Mailing Address	$\mathbf{T}$	Ann Tachar Mann Galle ghir ghir		
Suite, A	pt. #, etc.	Suite, Apt. #, etc.	<u>D(·</u>		DO NOT WRITE I	IN THIS SDACE
_City & S		City & State	·		4. FEI Number	
	νρα <del>Γ</del> L Country	Manalapar		<u> </u>	- 4. PEI NUMber	Applied For Not Applicable
336	19 USA	07726	Cour	S A	5. Certificate of Status Desired	\$5.00 Additional
					7. Name and Address of Current Re	Fee Required gistered Agent
	DO_NOT_W	RITE .		\ <del>\</del>	nk Koretsky	Larry Ballo
•	IN THIS SP			-Street-Address-(P	G-Box Number-is Not-Acceptable	ist Jackson St.
				- Suite	2200	33602
8 Thombo				City ad office or registere	tampa	Zip Code
the obliga	re named entity submits this statement for ations of registered agent.	the purpose of changing its	registere	d office or registere	d agent, or both, in the State of Florida	. I am familiar with, and accept
SIGNATURE	300	-1000	_	Bailin	2//	i
	Signature, typed or printed name of registered agent ar	nd title if applicable.	<del>/^</del>	DUITIN		DATE
		Make Check Payabl	EE IS			
		t in the D	UE BY		CONSIDE	
9. TITLE	Pesident 1	S/MANAGERS	1844			
NAME STREET LOOPERS	Frank Kuretsky		TITLE NAME			
STREET ADDRESS CITY-ST-ZIP	17 Astor Dr 0	A:77.5 4	100 miles 1	ADDRESS		
TITLE	11 W. Walabar 103	07726	CITY-S TITLE	1- AP		
NAME STREET ADDRESS			NAME			
CITY-ST-ZIP			STREET CITY-S	ADDRESS T-ZIP		
TITLE NAME			MILE			
STREET ADDRESS			name Street	Address		
CITY-ST-ZIP			- CITY 61	200. 201. 201. 201. 201. A GEORGE AND	DO_NOT_WI	RITE
NAME			TITLE NAME		IN THIS SPA	ACE
STREET ADDRESS  CITY::ST-ZIP		_	STREET	European Bareller Bareller		10-
TITLE			CITY-ST	-ZIP	er tre namen for samme ne ne de samp de names tribunde. De same	
NAME STREET ADDRESS			NAME			
CITY-ST-ZIP		ı	STREET A	est all the service and servic		
TITLE NAME			TITLE			
STREET ADDRESS			NAME STREET A	DORESS		
11. I bereby ce	rtify that the information		City-st	710		
indicated o	rtify that the information supplied with this	tiling does not qualify for th	e exempt	ion stated in Section	110.07/07/1 51 11 0	

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

732-616-2466 Dayline Phone #