

# 2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

\$80.00

FILED

04 DEC 13 AM 7:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BK



12022004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000032526					
1. Entity Name TENOR, LLC					
Principal Place of Business C/O M & E HOLDINGS, LLC 425 EAST 61ST ST. NEW YORK, NY 10021			Mailing Address C/O M & E HOLDINGS, LLC 425 EAST 61ST ST. NEW YORK, NY 10021		
2. Principal Place of Business c/o A.I. Boymelgreen Suite, Apt. #, etc. 700 Pacific Street City & State Brooklyn, NY Zip 11217 Country USA			3. Mailing Address c/o A. I. Boymelgreen Suite, Apt. #, etc. 700 Pacific Street City & State Brooklyn, NY Zip 11217 Country USA		
4. FEI Number 20-0581516			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent REGISTERED AGENTS OF FLORIDA, LLC 100 S. E. SECOND STREET SUITE 2900 MIAMI, FL 33131			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Amended AR is \$50.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM M&E HOLDINGS, LLC 425 EAST 61ST STREET NEW YORK, NY 10021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Olympia Florida LLC c/o A.I. Boymelgreen, 700 Pacific St., Brooklyn, New York 11217	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			600043672766 12/28/04--01035--011 **1280.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ See Attached Signature Page					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					


LU3000032526

[Signature Page to 2004 Limited Liability Company Amended Annual Report]

TENOR, LLC

By: OLYMPIA FLORIDA LLC, its managing member

By:

  
Name: Jeshayahu Boymelgreen  
Title: President

Date:

12/9/04

Daytime Phone #: (718) 398-3200

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