## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE: SIGNATURE AND TYPED OF

## Apr 20, 2005 8:00 am Secretary of State **DOCUMENT # L04000065640** 04-20-2005 90039 012 \*\*\*\*50.00 320 WEST 25 STREET ASSOCIATES, LLC Principal Place of Business Mailing Address 40064133 P.O. BOX 2870 P.O. BOX 2870 WESTPORT, CT 06880 WESTPORT, CT 06880 2. Principal Place of Business 3. Mailing Address 265 POST ROAD WEST Suite, Apt. #, etc. Suite, Apt. #, etc. 04112005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For WESTPORT 20-1584955 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired U.S 06880 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLUM, SAMUEL SPENCER ESQ Street Address (P.O. Box Number is Not Acceptable) 2666 TIGERTAIL AVENUE, SUITE 106 COCONUT GROVE, FL 33133 City 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, 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 May 1, 2005 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES **MGRM** TITLE TITLE ☐ Addition ☐ Delete Change RANDEL, JAMES A NAME NAME STREET ADDRESS P.O. BOX 2870 STREET ADDRESS CITY-ST-ZIP WESTPORT, CT 06880 CITY-ST-ZIP TITLE ☐ Delete nn e ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITE F ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADORESS CITY-5T-7P CITY-ST-7IP 11. I hereby certify that the information supplied with this filling 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 received or you step empowered to execute this report as required by Chapter 608, Florida Statutes.

JAMES A. RANDEL

ENTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

203-454-4811

Daytime Phone #