

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00
Secretary of State

DOCUMENT # L04000065640

1. Entity Name

320 WEST 25 STREET ASSOCIATES, LLC



Principal Place of Business

265 POST ROAD WEST
WESTPORT, CT 06880

Mailing Address

P.O. BOX 2870
WESTPORT, CT 06880



02152006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1584955

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLUM, SAMUEL SPENCER ESQ
2886 TIGERTAIL AVENUE, SUITE 106
COCONUT GROVE, FL 33133

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2006**

11000001456781
03/16/06-80041-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE

MGRM

NAME

RANDEL, JAMES A

STREET ADDRESS

P.O. BOX 2870

CITY- ST- ZIP

WESTPORT, CT 06880

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

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TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.

SIGNATURE:

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

JAMES RANDEL

2/25/06

Date

(203) 226-8727

Daytime Phone #

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

Date

Daytime Phone #