

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000070913

FILED  
Jan 20, 2005  
Secretary of State

Entity Name: SOLE UNIT 602, LLC

**Current Principal Place of Business:**

17315 COLLINS AVENUE  
SUITE 602  
SUNNY ISLES BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

500 EAST 85TH STREET  
19D  
NEW YORK, NY 10028

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KINGDOM REALTY  
900 WEST 49TH STREET  
508  
HIALEAH, FL 33012 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: CEVA, VALERIE A  
Address: 500 EAST 85TH STREET, 19D  
City-St-Zip: NEW YORK, NY 10028

Title: MGRM ( ) Delete  
Name: LAGANA, CHRISTINE E  
Address: 60 ECHO RIDGE ROAD  
City-St-Zip: UPPER SADDLE RIVER, NJ 07458

Title: MGRM ( ) Delete  
Name: MAJCHRZYK, AMY  
Address: 140 8TH AVENUE, 4E  
City-St-Zip: NEW YORK, NY 11215

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: VALERIE CEVA

MGR

01/20/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date