2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 08, 2005
Secretary of State

DOCUMENT# L04000087885

Entity Name: 490 SOWR LLC

Current Principal Place of Business:

62 WILLIAM STREET, 9TH FLOOR
NEW YORK, NY 10005

New Principal Place of Business:

1580 E. 19TH STREET
2H
BROOKLYN, NY 11230 US

Current Mailing Address:

62 WILLIAM STREET, 9TH FLOOR
NEW YORK, NY 10005

New Mailing Address:

1580 E. 19TH STREET
2H
BROOKLYN, NY 11230 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

UCC FILING & SEARCH SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

NRAI SERVICES INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

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: LISA REEVES 08/08/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SCHEINER, ELIEZER
Address: 7491 WEST OAKLAND PARK BLVD., #100
City-St-Zip: LAUDERHILL, FL 33319

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SCHEINER, ELIEZER
Address: 1580 E. 19TH STREET
City-St-Zip: BROOKLYN, NY 11230 US

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: ELIEZER SCHEINER MGRM 08/08/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date