2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

01-31-2006 90025 006 ****50.00 DOCUMENT # L05000071495 1. Entity Name 5000 GASPARILLA ROAD LLC Principal Place of Business Mailing Address **69 TWEED BOULEVARD 69 TWEED BOULEVARD** NYACK, NY 10960 NYACK, NY 10960 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01112006 Chg-LLC CR2E083 (11/05) 4. FEI Number 3 5 9 9 9 9 8 City & State City & State Applied For Not Applicable Ziρ Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 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 SIGNATURE Signature, typed or printed name of registered agent and Life if applicable (NOTE: Registered Agent aignature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State · MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. MGRM TIRE ☐ Change ☐ Delete Addition TITLE WILLIAM MALUNEY NAME NAME STREET ADDRESS 69 TWEED BOULEVARD STREET ADDRESS UPPER GRAND VIEW, NY 10960 CITY-ST-ZIP CITY-ST-ZIP MGRM VIRGINIA MALONGY Deleta TITLE TITLE Chance Addition NAME NAME 69 TWEED BOULEVARD STREET ADDRESS STREET ADDRESS CITY-S1-ZIP UPPER GRAND VIEW, NY 10960 CIY-SI-ZP Delete TITLE TITLE ☐ Change ☐ Addition NAME NALE STREET ADDRESS STPEET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE College College Change TITLE ☐ Addition NAME MALE STREET ADDRESS STREET ADDRESS CITY-\$1-7P (XTY-\$T-ZIP fift £ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE ☐ Octore IME ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-S1-72P CITY-SI-ZIP 11. I hereby certify that the information supplied with this filling 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 timited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 1.26.06

CER, OR AUTHORIZED REPRESENTATIVE

FILED Mar 13, 2006 8:00 am Secretary of State



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 3, 2006

5000 GASPARILLA ROAD LLC 69 TWEED BOULEVARD NYACK, NY 10960 US

Subject: 5000 GASPARILLA ROAD LLC

Reference Number:

£05000071495

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cc ANNUAL REPORTS SECTION