

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000071495

1. Entity Name

5000 GASPARILLA ROAD LLC



Principal Place of Business

69 TWEED BOULEVARD
NYACK NY 10960
US

Mailing Address

69 TWEED BOULEVARD
NYACK NY 10960
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-3599998

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MGRM
MALONEY, WILLIAM
69 TWEED BLVD
UPPER GRAND VIEW NY 10960 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MGRM
MALONEY, VIRGINIA
69 TWEED BLVD
UPPER GRAND VIEW NY 10960 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
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CITY-STATE-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition
U000000723274
05/02/07-80065-015 50.00

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 608, Florida Statutes.

SIGNATURE

William A. Maloney

4/16/07

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

Date

Daytime Phone #