

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081429

Entity Name: ASCOT 26 TERRACE LLC

FILED  
Jul 12, 2006  
Secretary of State

**Current Principal Place of Business:**

354 EAST 91ST STREET  
SUITE 201  
NEW YORK, NY 10128

**New Principal Place of Business:**

**Current Mailing Address:**

354 EAST 91ST STREET  
SUITE 201  
NEW YORK, NY 10128

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) 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:**

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

DADE COUNTY CORPORATE AGENTS, INC.  
18901 NE 29TH AVENUE  
SUITE 100  
AVENTURA, FL 33180 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: FORKOSH, ALEXANDER  
Address: 354 EAST 91ST STREET, SUITE 201  
City-St-Zip: NEW YORK, NY 10128

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

Title: MGR ( ) Delete  
Name: PODOLSKY, SCOTT  
Address: 354 EAST 91ST STREET, SUITE 201  
City-St-Zip: NEW YORK, NY 10128

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 Chapter 119, 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: ALEX FORKOSH

MGR

07/12/2006

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