



**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000007460</b> 1. Entity Name <b>MUTINY GROVE GARAGE, LLC</b>	
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Principal Place of Business <b>425 EAST 61 STREET, 4TH FLOOR NEW YORK, NY 10021</b>	Mailing Address <b>425 EAST 61 STREET, 4TH FLOOR NEW YORK, NY 10021</b>
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**DO NOT WRITE IN THIS SPACE**



01242008No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>20-4207473</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GENET, CHAVA E  
150 WEST FLAGLER STREET  
MUSEUM TOWER, SUITE 2200  
MIAMI, FL 33130**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

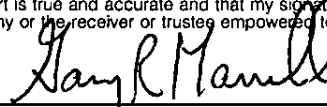
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM THE 1995 EVAN I. SOBER IRREVOCABLE TRUST 425 EAST 61ST ST NEW YORK, NY 10021</b>
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U000000825686  
02/21/08-80019-016 138.75

11. I hereby certify that the information supplied with this filing 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **GARY MARRELL** **2/8/08** **212-832-1060**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #