


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90482 029 ****50.00

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|--|---|--|---|---|--|
| DOCUMENT # L06000011331 | | | |  | |
| 1. Entity Name ASTORIA SQUARE, LLC | | | | | |
| Principal Place of Business 10 EAST 39TH STREET, 4TH FLOOR NEW YORK, NY 10016 | | | Mailing Address 10 EAST 39TH STREET, 4TH FLOOR NEW YORK, NY 10016 | | |
| 2. Principal Place of Business - No P.O. Box # 10 EAST 39TH STREET Suite, Apt. #, etc. 4TH FLOOR | | 3. Mailing Address 244 MADISON AVE Suite, Apt. #, etc. PMB 344 | | | |
| City & State NEW YORK NY | | City & State NEW YORK NY | | | |
| Zip 10016 | | Country USA | | Zip 10016 | |
| Country USA | | Country USA | | | |
| 6. Name and Address of Current Registered Agent GOLDENBERG, MATHIEU 16443 COLLINS AVE, SUITE PH 24 SUNNY ISLE, FL 33160 | | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GOLDENBERG, MATHIEU 10 EAST 39TH STREET, 4TH FLOOR NEW YORK, NY 10016 | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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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: M. E. K. **3/5/2007** (512) 213 8100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #