2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-10-2007 90083 023 ****50.00

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DOCUMENT # L06000115059

1. Entity Name
47 WEST 37TH STREET, LLC

Principal Place of Business	Mailing Address
125 NORTH 46TH AVENUE HOLLYWOOD, FL 33021	125 NORTH 46TH AVENUE HOLLYWOOD, FL 33021

04042007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1410 N University Dr		244 Madison Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc. PMB 344	
City & State: Coral Springs, FL		City & State: New York, NY	
Zip: 33065	Country: USA	Zip: 10016	Country: USA

4. FEI Number 061684204 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GOTTLIEB, BRUCE M ESQ.
125 NORTH 46TH AVENUE
HOLLYWOOD, FL 33021

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

TITLE	MGR	☐ Delete
NAME	GOLDENBERG, MATHIEU	
STREET ADDRESS	125 NORTH 46TH AVENUE	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE	MGR	☒ Change	☐ Addition
NAME	GOLDENBERG, MATHIEU		
STREET ADDRESS	244 MADISON AVENUE, PMB 344		
CITY-ST-ZIP	NEW YORK, NY 10016		
TITLE	MGR	☐ Change	☒ Addition
NAME	SASSON, ROBERT		
STREET ADDRESS	244 MADISON AVENUE, PMB 344		
CITY-ST-ZIP	NEW YORK, NY 10016		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition

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: [signature] ROBERT SASSON 4/4/07 212-213-8120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #