2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

8/28/2007-90065-036-$50.00-$50.00

FILED

2007 OCT 16 PM 2: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000122619

1. Entity Name

NEW YORK I, LLC

Principal Place of Business	Mailing Address
87 RIVERSIDE DRIVE ORMOND BEACH FL ~~32174~~ 32176	87 RIVERSIDE DRIVE ORMOND BEACH FL ~~32174~~ 32176
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

2nd MOORE CR2E083 (4/07)

4. FEI Number ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

ZAK, JOHN
87 RIVERSIDE DRIVE
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name: Carol Doughney

Street Address (P.O. Box Number is Not Acceptable): 87 Riverside Dr

City: Ormond Beach FL Zip Code: 32176

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] Date: 8/24/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES
TITLE: MGR NAME: John Zak STREET ADDRESS: 87 Riverside Drive CITY-ST-ZIP: Ormond Beach, FL 32176 ☐ Delete	REINSTATEMENT 2007 ☐ Change ☐ 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: [signature] Date: 8/24/07 Daytime Phone #

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