

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000083679

Entity Name: 1044 PARK STREET, LLC

FILED
Aug 06, 2009
Secretary of State

Current Principal Place of Business:

32 WASHINGTON SQUARE WEST
11-E
NEW YORK, NY 10010

New Principal Place of Business:

32 WASHINGTON SQUARE WEST
11-E
NEW YORK, NY 10011

Current Mailing Address:

32 WASHINGTON SQUARE WEST
11-E
NEW YORK, NY 10010

New Mailing Address:

32 WASHINGTON SQUARE WEST
11-E
NEW YORK, NY 10011

FEI Number: 26-3372219

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALL, HAYWOOD M
DONAHOO, BALL & MCMENAMY, P.A.
50 NORTH LAURA STREET, STE. 2925
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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:

Title: MGRM () Delete
Name: BUICE, WILLIAM T III
Address: 32 WASHINGTON SQUARE WEST
City-St-Zip: NEW YORK, NY 10010

Title: MGRM () Delete
Name: CARPENTER, EDITH H
Address: 409 MAYFAIR DRIVE
City-St-Zip: ROCKY MOUNT, NC 27804

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BUICE, WILLIAM T III
Address: 32 WASHINGTON SQUARE WEST
City-St-Zip: NEW YORK, NY 10011

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

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM T. BUICE, III

MGRM

08/06/2009

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