

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L95000000722

**FILED**  
**Mar 30, 2009**  
**Secretary of State**

**Entity Name:** FORTY ONE ASSOCIATES L.C.

**Current Principal Place of Business:**

99 W. HAWTHORNE AVE., STE. 218  
VALLEY STREAM, NY 11580

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 460  
VALLEY STREAM, NY 11582

**New Mailing Address:**

**FEI Number:** 11-3291668

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** ( )

**Name and Address of Current Registered Agent:**

CAPITAL CONNECTION, INC.  
417 E. VIRGINIA STREET, SUITE 1  
TALLAHASSEE, FL 32301 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: WIENER, DANIEL  
Address: PO BOX 460  
City-St-Zip: VALLEY STREAM, NY 11582

Title: MGRM ( ) Delete  
Name: WIENER BLOTNER, JUDE  
Address: 136 SO. BROADWAY  
City-St-Zip: WHITE PLAINS, NY 10605

**ADDITIONS/CHANGES:**

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

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: DANIEL WIENER

MGRM

03/30/2009

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