

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 18, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # L97000000537**

**1. Entity Name  
GOTHAM ENTERPRISES 702, L.C.**



**Principal Place of Business**

**1300 COLLINS AVE  
#100  
MIAMI BEACH, FL 33139**

**Mailing Address**

**1300 COLLINS AVE  
#100  
MIAMI BEACH, FL 33139**



01052006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
65-0763109**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SCHLESSER, MELVYN  
1300 COLLINS AVE  
#100  
MIAMI BEACH, FL 33139**

**DO NOT WRITE  
IN THIS SPACE**

**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 reissuing)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2008**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE MGR  
NAME SCHLESSER, MEL  
STREET ADDRESS 1300 COLLINS AVE #100  
CITY-ST-ZIP MIAMI BEACH, FL 33139**

**TITLE MGRM  
NAME LEEDS, ARTHUR  
STREET ADDRESS 215 W. 83RD ST.  
CITY-ST-ZIP NEW YORK, NY 10024**

**TITLE MGRM  
NAME GERSHON, ROBERT  
STREET ADDRESS 315 W. 55TH STREET  
CITY-ST-ZIP NEW YORK, NY 10019**

**TITLE MGRM  
NAME GERSHON, MELVIN  
STREET ADDRESS 315 W. 55TH STREET  
CITY-ST-ZIP NEW YORK, NY 10019**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

*Mel Schlessen*

*1/7/06*

*305-531-3055*