

# 2001 UNIFORM BUSINESS REPORT (UBR)

0026436 AF

DOCUMENT # L97000001075

1. Entity Name  
PBG ASSOCIATES L.C.

FILED

01 JAN 17 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
C/O TITAN MANAGEMENT L.P.  
53 FOREST AVE. 2ND FLOOR  
OLD GREENWICH CT 06870

Mailing Address  
C/O TITAN MANAGEMENT L.P.  
53 FOREST AVE. 2ND FLOOR  
OLD GREENWICH CT 06870

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0782640

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR SAFERSTEIN, IRA E ☐ Delete  
STREET ADDRESS 53 FOREST AVENUE, 2ND FLOOR  
CITY-ST-ZIP OLD GREENWICH CT 06870

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 200003582542--9  
CITY-ST-ZIP -01/26/01--01143--001

TITLE NAME MGR TITAN REALTY 1997-A, INC. ☐ Delete  
STREET ADDRESS 53 FOREST AVENUE, 2ND FLOOR  
CITY-ST-ZIP OLD GREENWICH CT 06870

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS \*\*\*\*\*50.00 \*\*\*\*\*50.00  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
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TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED IRA SAFERSTEIN

1-12-01

203.698-0736

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

Date

Daytime Phone #

CR2E083 (11/00)