

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90024 016 ****55.00

DOCUMENT # L99000000541

1. Entity Name
NEW YORK AVENUE PROPERTY, L.L.C.



Principal Place of Business
**C/O FIRST BANKSHARES, INC.
369 NORTH NEW YORK AVENUE
WINTER PARK, FL 32789**

Mailing Address
**C/O FIRST BANKSHARES, INC.
369 NORTH NEW YORK AVENUE
WINTER PARK, FL 32789**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04012004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

59-3568966

Applied For

Not Applicable

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

**PATEL, SUSMA
C/O FIRST BANKSHARES, INC.
369 NORTH NEW YORK AVE.
WINTER PARK, FL 32789**

Name **PATEL SUSMA**

Street Address (P.O. Box Number is Not Acceptable)

C/O FIRST BANKSHARES INC

369 NORTH NEW YORK AVE

City **WINTER PARK**

FL

Zip Code **32789**

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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 11, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME **MGRM** ☐ Delete
NAME **PATEL, SUSMA**
STREET ADDRESS **C/O FIRST BANKSHARES, INC. 369 NORTH NEW YO**
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE ☐ Change ☐ Addition

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

Date

Daytime Phone #

04/07/04 407 909 1744