

2001 UNIFORM BUSINESS REPORT (UBR)

0026984 AF

DOCUMENT # L99000001573
 1. Entity Name
PASSERO ASSOCIATES, L.L.C.

FILED

01 AUG -9 PM 12: 17

Principal Place of Business: 1600 AIRPORT ROAD, SUITE C, FERNANDINA BEACH FL 32034
 Mailing Address: 100 LIBERTY POLE WAY, ROCHESTER NY 14604

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: City & State
 Zip: Country

4. FEI Number: 58-2464511
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
NATIONAL CORPORATE RESEARCH, LTD.
 1406 HAYS STREET, SUITE 2
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 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	
TITLE NAME: MGR PASSERO, GARY W STREET ADDRESS: 242 BELVISTA DRIVE CITY-ST-ZIP: ROCHESTER NY 14625	<input type="checkbox"/> Delete
TITLE NAME: MGR PASSERO, KENNETH W STREET ADDRESS: 118 GLENVIEW LANE CITY-ST-ZIP: ROCHESTER NY 14604	<input type="checkbox"/> Delete
TITLE NAME: MGR WEGRAM, WAYNE STREET ADDRESS: 7 WOODFIELD DRIVE CITY-ST-ZIP: WEBSTER NY 14580	<input type="checkbox"/> Delete
TITLE NAME: MGR CARUSO, JOHN STREET ADDRESS: 13 TALOS WAY CITY-ST-ZIP: ROCHESTER NY 14624	<input type="checkbox"/> Delete
TITLE NAME: MGR PASSERO, DAVID K STREET ADDRESS: 31 HAWKES TRAIL CITY-ST-ZIP: WEBSTER NY 14580	<input type="checkbox"/> Delete
TITLE NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME: _____ STREET ADDRESS: 656 Lake Rd, CITY-ST-ZIP: Webster, N.Y. 14580	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Address Correction</i>
TITLE NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME: _____ STREET ADDRESS: Wegman, Wayne CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Spelling correction of last name</i>
TITLE NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME: _____ STREET ADDRESS: 17 Sanfilippo Circle CITY-ST-ZIP: Rochester, N.Y. 14625	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Address correction</i>
TITLE NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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: *David K. Passero* Date: 8/3/01 Daytime Phone #: 716-325-1000

CFR2E083 (11/00)