

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90235 010 \*\*\*\*55.00

**DOCUMENT # L99000002412**

1. Entity Name

APCD, L.C.



Principal Place of Business

Mailing Address

~~575 LEXINGTON AVENUE, SUITE 510~~  
NEW YORK NY 10022

~~575 LEXINGTON AVENUE, SUITE 510~~  
NEW YORK NY 10022

2. Principal Place of Business

3. Mailing Address

120 EAST 56<sup>th</sup> ST

120 EAST 56<sup>th</sup> ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1130

1130

City & State

City & State

New York N.Y.

New York, NY

Zip

Country

Zip

Country

10022

10022

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 58-2461814

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

B & C CORPORATE SERVICES OF CENTRAL FLA IN  
390 NORTH ORANGE AVENUE, SUITE 1100  
ORLANDO FL 32801

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. 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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME FRIEDMAN, DAVID A ☐ Delete  
STREET ADDRESS 575 LEXINGTON AVENUE, SUITE 510  
CITY-ST-ZIP NEW YORK NY 10022

TITLE MGRM  
NAME ~~FRIEDMAN~~, DAVID A ☒ Change ☐ Addition  
STREET ADDRESS 120 EAST 56<sup>th</sup> ST. Suite 1130  
CITY-ST-ZIP New York, NY 10022

TITLE MGRM  
NAME ALPERT, STUART ☐ Delete  
STREET ADDRESS 135 PINE TERRACE  
CITY-ST-ZIP DEMEREST NJ 07627

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

TITLE MGRM  
NAME SAMUELS, DAVID I ☐ Delete  
STREET ADDRESS 654 NORTH QUAKER HILL ROAD  
CITY-ST-ZIP PAWLING NY 12564

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

1/10/03

212-752-6020

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

Date

Daytime Phone #

CR2E083 (10/02)