

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90015 028 ****50.00

DOCUMENT # L99000003430

1. Entity Name

LOST LEGACY LAND, L.L.C.



Principal Place of Business

C/O HERBERT PAUL P.C.
370 LEXINGTON AVENUE SUITE 1001
NEW YORK NY 10017

Mailing Address

C/O HERBERT PAUL P.C.
370 LEXINGTON AVENUE SUITE 1001
NEW YORK NY 10017

2. Principal Place of Business

40450 Seventh Ave.
Suite, Apt. #, etc.
3000

3. Mailing Address

40450 Seventh Ave.
Suite, Apt. #, etc.
3000

City & State

NY, NY

City & State

NY, NY

Zip

10123

Country

Zip

10123

Country

4. FEI Number 22-2400945

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
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. 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 ESTATE OF ALEXANDER FARKAS
STREET ADDRESS 2917 SOUTH OCEAN PARKWAY
CITY-ST-ZIP HIGHLAND BEACH FL 33487

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE MGRM
NAME FARKAS, ROBIN
STREET ADDRESS P.O. BOX 9223
CITY-ST-ZIP JACKSON WY 83301

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE MGRM
NAME FARKAS, BRUCE
STREET ADDRESS C/O PHILIP ALBA PO, 1250 MONTAUK HWY
CITY-ST-ZIP WEST ISLIP NY 11795

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE MGRM
NAME FARKAS, JONATHAN
STREET ADDRESS 52 EAST 72 STREET
CITY-ST-ZIP NEW YORK NY 10021

☐ 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

2/03/03

307 734-8005

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

Date

Daytime Phone #

CR2E083 (10/02)