FILED AM

ANNUAL REPORT				Feb 01, 2005 08:00	
DOCU t. Entity Nar	MENT # L9900000	4370		Secretary of Stat	
	SSOCIATES, L.L.C.				
j	ce of Business KELL AVENUE, 8TH FL 33131	Mailing Address 8854 S.W. 129TH TERRACE MIAMI, FL 33176	<u> </u>	-	
Mitrium, e)3131	minmi, FL 33110			
DO NOT WRITE IN THIS SPA			CE	01132005No Chg-LLC	CR2E083 (10/03) Applied For
				11-2886114	Not Applicable
 	5. Name and Address of Curren	it Registered Agent		5. Certificate of Status Desired	Fee Required
MANASTE	ER, JOSHUA D ESQUIRE	5 5 1 5 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1	DO NOT W	and in the fact
1428 BRICKELL AVE., 8TH FL MIAMI, FL 33131				DO NOT W	
Tarata, LE 3010;			IN THIS SP	ACE	
6. The above the obligation	e named entity submits this statement fations of registered agent.	for the purpose of changing its register	ed affice or register	ed agent, or both, in the State of Flo	rida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agen	If and title if applicable. (NOTE. Register)	ed Agent signature required	when rekostating)	DATE
ří D	iling Fee is \$50.00 ue by May 1, 2005				
9.	MANAGING MEMB	ERS/MANAGERS	I		
TIFLE Name Street address	M 56TH ASSOCIATES 6220 14TH ÄVENUE			ເຄາວຕົກຕ	1209017
CITY-ST-ZIP	BROOKLYN, NY 11204]		80019-003 100.00
TITLE NAME			}		
STREET ADDRESS CITY-ST-ZIP					
TITLE					
STREET ADDRESS			ł	DO NOT W	DITE
CITY-ST-ZIP		t st.			
NAME STREET ADDRESS				IN THIS SP	ACE
CITY-ST-ZIP					
TITLE NAME					
STREET ADDRESS CITY-ST-ZIP		· · · ·	.		
TYTLE NAME			1		
STREET ADDRESS		7			

11. I hereby certify that the information supplied with this filling 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: V SIGNATURE AND TYPHED OR PRINC d name of skining managing member, on authorized representative

CITY-ST-ZIP

10 1-26-05

10 7/8-438-2X4