

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000008087.**

1. Entity Name
AUDUBON GROUP, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 13 AM 10:02

Principal Place of Business
37 WEST 47TH STREET 4TH FLOOR
NEW YORK NY 10036

Mailing Address
37 WEST 47TH STREET 4TH FLOOR
NEW YORK NY 10036



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
207 WEST 25TH STREET

3. Mailing Address
207 WEST 25TH STREET

Suite, Apt. #, etc.
8TH FLOOR

Suite, Apt. #, etc.
8TH FLOOR

City & State
NEW YORK NY

City & State
NEW YORK NY

Zip Country
10001 USA

Zip Country
10001 USA

4. FEI Number
58-2505372

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SILBERSTEIN, DAVID M
720 SOUTH ORANGE AVENUE
SARASOTA FL 34236

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/MANAGERS

TITLE **MGR** ☐ Delete
NAME **KAPRIELIAN, HRATCH N**
STREET ADDRESS **37 WEST 47TH STREET 4TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10036**

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

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **207 WEST 25TH STREET, 8TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10001**

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

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

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** **HRATCH N. KAPRIELIAN** **9/5/00** **(212) 255-8499**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (5/00)