LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90193 028 ****50.00

DOCUMENT # M00000000082

954974

1. Entity Name
SRK Glades Square Associates LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4053 Maple Rd.	4053 Maple Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Amherst, NY	City & State: Amherst, NY
Zip: 14226 Country:	Zip: 14226 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 16-1579208 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

City: Plantation FL Zip Code: 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM
NAME	Arthur + Susan Gellman L'Chaim Trust
STREET ADDRESS	4053 Maple Road
CITY-ST-ZIP	Amherst, NY 14226
TITLE	MGRM
NAME	George I. Gellman Irrevocable Trust
STREET ADDRESS	4053 Maple Road
CITY-ST-ZIP	Amherst, NY 14226
TITLE	MGRM
NAME	Clarke H. Harris Irrevocable Trust
STREET ADDRESS	4053 Maple Road
CITY-ST-ZIP	Amherst, NY 14226
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

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: Steven J. Longo Steven J. Longo Vice President 4/24/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #