

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 24, 2004 08:00 AM
Secretary of State

DOCUMENT # M00000000193

1. Entity Name
NEW TOWMED, LLC



Principal Place of Business
**10 CAMPUS BLVD
NEWTOWN SQUARE, PA 19073**

Mailing Address
**10 CAMPUS BLVD
NEWTOWN SQUARE, PA 19073**

DO NOT WRITE IN THIS SPACE



05052004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
23-3027511

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 terminating)

DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**M
GH TOUNED, LTD
10 CAMPUS BLVD
NEWTOWN SQUARE, PA 19073**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**M
VORNADO CCA GAINESVILLE LLC
PARK 80 WEST, PLAZA II
SADDLE BROOKS, NJ 07663**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**M
HOLLOWAY, GARY M
10 CAMPUS BLVD
NEWTOWN SQUARE, PA 19073**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000161379
05/24/04-80006-002 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #