

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90175 031 ****50.00

DOCUMENT # M00000000224

1. Entity Name
MEDITERRANEAN, L.L.C.

Principal Place of Business 52 CORPORATE CIRCLE P.O. BOX 21789 ALBANY NY 12212-2769	Mailing Address 52 CORPORATE CIRCLE P.O. BOX 21789 ALBANY NY 12212-2769
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 302 Washington Ave Ext Suite, Apt. #, etc.	3. Mailing Address P.O. B 12789 Suite, Apt. #, etc.
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City & State Albany NY	City & State Albany NY	4. FEI Number 14-0807759	Applied For <input type="checkbox"/> Not Applicable
Zip 12203	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent
**MEYER, GEORGE J
 CARLTON FIELDS
 ONE HARBOUR PLACE, 777 S. HARBOUR ISL BLVD
 TAMPA FL 33602**

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUKE, DONALD LED 52 CORPORATE CIRCLE ALBANY NY 12203	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NICOLLA, JIO 30 CORPORATE CIRCLE ALBANY NY 12203	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SULLIVAN, JOHN K 52 CORPORATE CIRCLE ALBANY NY 12203	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	302 Washington Ave Ext ALBANY NY 12203	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	302 Washington Ave Ext ALBANY NY 12203	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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~~ **2/8/02** **518.452-8000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)