

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000224

Entity Name: MEDITERRANEAN, L.L.C.

FILED  
May 08, 2004  
Secretary of State

**Current Principal Place of Business:**

302 WASHINGTON AVE. EXT  
ALBANY, NY 12203

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 12789  
ALBANY, NY 12203

**New Mailing Address:**

FEI Number: 14-0807759

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CFRA LLC  
ONE HARBOUR PLACE  
777 S. HARBOUR ISLAND BLVD., STE. 500  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: DUKE, DONALD LED  
Address: 302 WASHINGTON AVE. EXT  
City-St-Zip: ALBANY, NY 12203

Title: MGR ( ) Delete  
Name: SULLIVAN, JOHN K  
Address: 302 WASHINGTON AVE. EXT  
City-St-Zip: ALBANY, NY 12203

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOHN K SULLIVAN

MGR

05/08/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date