Wendy Grogan

908-852-3553

p.1

FILED
May 05, 2004 08:00 AM
Secretary of State

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M00000000453

1. Entily Name BCK2 ASSOCIATES, LLC



Principal Place of Business

Mailing Address

345 PARK AVENUE C/O BETH RUDIN DEWOODY NEW YORK, NY 10154 345 PARK AVENUE C/O BETH RUDIN DEWOODY NEW YORK, NY 10154

04232004 No Chg-LLC

CR2E083 (10/03)

Daytand Phona I

4.	FEI Number				
	<u>13-4111309</u>				

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

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SKINNIG MAN

DO NOT WRITE IN THIS SPACE

FLANTAT	ION, FL 33324	IN 7	IN THIS SPACE		
	named entity submits this statement for the purpose of char irons of registered agent.	nging its registered office or registered agent or bol	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and fille if applicable.	(NOTE: Registered Agent algorithms required when reinstating)	DATE		
	iling Fee is \$50.00 ue by May 1, 2004		U00000156935 _05/05/04-80090-025-50,00		
9.	MANAGING MEMBERS/MANAGERS				
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP	MGRM DEWOODY, BETH RUDIN 345 PARK AVENUE NEW YORK, NY 10154				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE		
NAME STREET ADDRESS CITY-ST-ZIP		IN T	THIS SPACE		
TITLE NAME STREET ADDRESS CITY ST-ZIF					
OTLE NAME STHEET ADDRESS COTY-ST-ZIF					
11. I hereby of indicated limited lia	certily that the information supplied with this lifting does not que on this report is true and accurate and that my signature shallify company of the receiver or trustee empowered to execute the supplied the supplied to execute the supplied to e	uality for the exemption stated in Section 119.07(3)(i all have the same legal effect as if made under oath ute this report as required by Chapter 608, Plorida 5), Florida Statutes 1 further certify that the information that I am a managing member or manager of the statutes.		

OR AUTHORIZED REPRESENTATIVE