

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000837

1. Entity Name
ASSOCIATED GROUP LLC

FILED

01 JUN 12 AM 7:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

THREEE BALA PLAZA EAST, SUITE 502
BALA CYNWYD PA 19004

Mailing Address

THREEE BALA PLAZA EAST, SUITE 502
BALA CYNWYD PA 19004

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

25-1852076

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

600004423986--5
-06/18/01--01025--010
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE MGR
NAME BERKMAN, DAVID J
STREET ADDRESS THREEE BALA PLAZA EAST, SUITE 502
CITY-ST-ZIP BALA CYNWYD PA 19004 ☐ Delete

TITLE MGR
NAME BERKMAN, WILLIAM H
STREET ADDRESS THREEE BALA PLAZA EAST, SUITE 502
CITY-ST-ZIP BALA CYNWYD PA 19004 ☐ Delete

TITLE MGR
NAME BRUCE, SCOTT G
STREET ADDRESS THREEE BALA PLAZA EAST, SUITE 502
CITY-ST-ZIP BALA CYNWYD PA 19004 ☐ Delete

TITLE MGR
NAME GOLDSTEIN, RICHARD I
STREET ADDRESS THREEE BALA PLAZA EAST, SUITE 502
CITY-ST-ZIP BALA CYNWYD PA 19004 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Victor A. Martinelli Jr.

Victor A. Martinelli Jr.

6/6/01 (412) 281-1907

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)

0031894 SP