
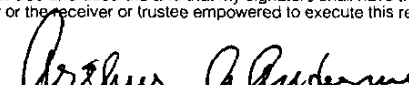


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90284 004 ****50.00

DOCUMENT # M00000001169 1. Entity Name CENTRE GARDEN CITY, LLC					
Principal Place of Business 108-18 QUEENS BLVD FOREST HILLS, NY 11375			Mailing Address 108-18 QUEENS BLVD FOREST HILLS, NY 11375		
2. Principal Place of Business		3. Mailing Address 3950 RCA BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc. STE 5000			
City & State		City & State PALM BEACH GARDENS, FL			
Zip	Country	Zip 33410	Country	01272004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 13-6360569				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KAYE, SCHOLER, FIERMAN, HAYS & HANDLER LLP 777 SOUTH FLAGLER DRIVE WEST PALM BEACH, FL 33401			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERTS, STANLEY 269 WHEATLEY ROAD OLD WESTBURY, NY 11568	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERTS, STANLEY TRUSTEE 440 PARK AVE. SOUTH NEW YORK, NY 10016	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARART ASSOCIATES LLC 39 WENSLEY DRIVE GREAT-NECK, NY 11021	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: 		3/25/04		521-621-7551	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	