


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90043 004 ****50.00

DOCUMENT # M00000002133			
1. Entity Name PUBS PROPERTY, LLC			
Principal Place of Business C/O US REALTY ADVISORS 1370 AVENUE OF THE AMERICAS NEW YORK NY 10019		Mailing Address C/O US REALTY ADVISORS 1370 AVENUE OF THE AMERICAS NEW YORK NY 10019	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #. etc.		Suite, Apt. #. etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
		FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PUBS EQUITY LLC 1370 AVE. OF AMERICAS NEW YORK NY 10019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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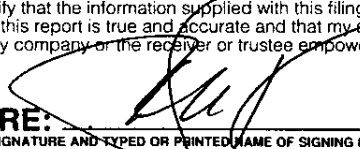


MOORE CR2E083 (11/03)

4. FEI Number **13-4135672** Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

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:  **David M. Ledy** 4-12-04 (212) 581-4540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #