

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 22, 2003 8:00 am
Secretary of State
07-22-2003 90038 022 ****50.00

0005969

DOCUMENT # M01000000619

1. Entity Name

ALCAZAR LLC



Principal Place of Business

**11 MADISON AVENUE
NEW YORK NY 10010**

Mailing Address

**11 MADISON AVENUE
NEW YORK NY 10010**

90145479



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**APPLIED FOR -
13-4161368**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

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 Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM PTG HOLDINGS, INC. 11 MADISON AVENUE NEW YORK NY 10010			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

as 7-17-03

CR2E083 (4/03)

Attachment 90145479
#MD10000000619

**CREDIT
SUISSE** | **FIRST
BOSTON**

CREDIT SUSSE FIRST BOSTON LLC
Eleven Madison Avenue
New York, New York 10010-3629

July 18, 2003

Limited Liability Company
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314-6478

CERTIFIED MAIL

RE: 9045-17-20-2002
Tax Dept. - Nicole Li
7100.6983.6880.0000.2381

RE: Alcazar LLC
EIN: 13-4161368
2003 Limited Liability Company Uniform Business Report (UBR)
Period Ended 12/31/2002

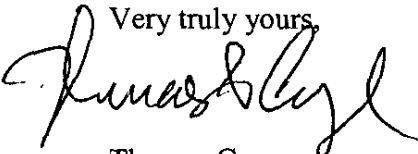
Gentlemen:

We have prepared the enclosed 2003 Limited Liability Company Uniform Business Report (UBR) for Alcazar LLC for the taxable period ended 12/31/2002.

The report indicates a payment due of \$50.00, which is enclosed.

Please acknowledge receipt by signing and dating the duplicate letter and returning same in the enclosed self-addressed stamped envelope.

If you have any questions regarding this, please call me at 212-325-1803.

Very truly yours,

Thomas Coyne

Enclosure
NI/2003/093
9045-17-20-2002