

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90034 007 ****50.00

DOCUMENT # M01000000664

1. Entity Name
DAPPER PROPERTIES III, LLC



Principal Place of Business

C/O U.S. REALTY ADVISORS, LLC
1370 AVE. OF THE AMERICAS
NEW YORK NY 10019

Mailing Address

C/O U.S. REALTY ADVISORS, LLC
1370 AVE. OF THE AMERICAS
NEW YORK NY 10019

2. Principal Place of Business

ASBN LLC c/o Family Mgmt Corp.
Suite, Apt. #, etc.
477 Madison Avenue
City & State
14th Floor NY NY
Zip
10022 Country
USA

3. Mailing Address

ASBN LLC c/o Family Mgmt Corp.
Suite, Apt. #, etc.
477 Madison Avenue
City & State
14th Floor NY NY
Zip
10022 Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **13-4157451**

Applied For
Not Applicable

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

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 **Corporation Service Company**
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
City **Tallahassee** FL Zip Code **32301-2525**

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 May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAPPER EQUITY III, LLC 1370 AVENUE OF THE AMERICAS NEW YORK NY 10019 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASBN LLC c/o Family Mgmt. Corporation 477 Madison Ave N.Y 10022 (NY) <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASBN LLC c/o Family Management Corp 477 Madison Avenue New York NY 10022 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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.

SEYMOUR W. ZISES

SIGNATURE: [Signature]

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

1/10/03 (212) 872 9606
Date Daytime Phone #

CR2E083 (10/02)