9/23/2002-90195-028-$50.00-$50.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 21 PM 12: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M01000000899

1. Entity Name
TB BUNGALOW ST. AUGUSTINE, LLC

Principal Place of Business
1071 AVENUE OF THE AMERICAS. 11TH FLOOR
NEW YORK NY 10018

Mailing Address
1071 AVENUE OF THE AMERICAS. 11TH FLOOR
NEW YORK NY 10018

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2700 State Road 16 | 1071 6TH AVE., |
| Suite, Apt. #, etc. #100513 | Suite, Apt. #, etc. 11TH FLOOR |
| City & State St. Augustine, FL | City & State NEW YORK, NY |
| Zip 32092 / Country USA ~~St. Johns~~ | Zip 10018 / Country USA |

4. FEI Number 13-4152737 — 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
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 Department of State**
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Delete |
|---|---|
| TONY MARGOLIS<br>MANAGING MEMBER<br>1071 6TH AVE 11FL, NY. NY 10018 | ☐ |
| KEN KONG / C.F.O<br>MANAGING MEMBER<br>1071 6TH AVE., 11FL, NY, NY 1001 | ☐ |
| [illegible] | ☐ |
| | ☐ |
| | ☐ |
| | ☐ |

10. ADDITIONS/CHANGES

| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Change | Addition |
|---|---|---|
| MANAGING MEMBER<br>BRAD GOLDSTEIN<br>1071 6TH AVE., 11FL, NY. NY 10018 | ☐ | ☒ |
| | ☐ | ☐ |
| | ☐ | ☐ |
| | ☐ | ☐ |
| | ☐ | ☐ |
| | ☐ | ☐ |

CR2E083 (4/02)

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:** MANAGING MEMBER (Corporate Financial Controller) 9/11/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
Brad Goldstein