

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90188 044 ****50.00

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DOCUMENT # M01000001287

1. Entity Name
COLDWATER CANYON CAPITAL ADVISORS, LLC



Principal Place of Business
**240 E. 39TH ST., STE. 40G
NEW YORK CITY NY 10016**

Mailing Address
**240 E. 39TH ST., STE. 40G
NEW YORK CITY NY 10016**

2. Principal Place of Business
245 E. 58TH ST.

3. Mailing Address
245 E. 58TH ST.

Suite, Apt. #, etc.
STE. 22A

Suite, Apt. #, etc.
STE. 22A

City & State
NEW YORK, N.Y.

City & State
NEW YORK, N.Y.

Zip
10022

Country
USA

Zip
10022

Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **13-4127476**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VIRILIO, ANTHONY N
1455 S.W. 18TH TERR.
FT. LAUDERDALE FL 33312**

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SPERA, LAWRENCE A
240 E 39TH ST., 40G
NEW YORK NY 10016** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**GIVEN NAME LAWRENCE
245 E. 58TH ST., STE. 22A
NEW YORK, NY 10022** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ 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 #

212-486-7124

CR2E083 (10/02)