

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

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90133 020 \*\*\*\*50.00

DOCUMENT # M01000002748

1. Entity Name

IAR GROUP, LLC

947001

**DO NOT WRITE IN THIS SPACE**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
40 Broad Street

3. Mailing Address  
40 Broad Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11th Floor

11th Floor

City & State  
Boston, MA

City & State  
Boston, MA

4. FEI Number  
04-3584817

Applied For

Not Applicable

Zip  
02109

Country  
U.S.A.

Zip  
02109

Country  
U.S.A.

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name

Jeffrey Gordon

Street Address (P.O. Box Number is Not Acceptable)

2799 Seneca Boulevard (32nd Ave.)

City

Pembroke Park

FL

Zip Code  
33023

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

**9. ~~MANAGING MEMBERS~~ MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Manager  
Michael G. Frieze  
40 Broad Street, 11th Floor  
Boston, MA 02109

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Manager  
Alan R. Goldstein  
40 Broad Street, 11th Floor  
Boston, MA 02109

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Manager  
Jeffrey Gordon  
2799 Seneca Blvd. (32nd Ave.)  
Pembroke Park, FL 33023

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NAME  
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CITY-ST-ZIP

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IN THIS SPACE**

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:**



Alan R. Goldstein, Manager

4/13/02

(617) 422-6577

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

Date

Daytime Phone #

CR2E083B (12/01)