

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 16, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000000386 1. Entity Name REICH & TANG ASSET MANAGEMENT, LLC	
---	---

Principal Place of Business 600 FIFTH AVE. NEW YORK, NY 10020	Mailing Address 600 FIFTH AVE. NEW YORK, NY 10020
---	---

DO NOT WRITE IN THIS SPACE



07072004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 13-3778739	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

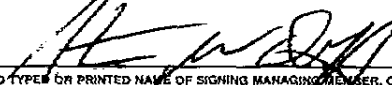
a. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____

Filing Fee is \$50.00 Due by September 8, 2004	000000170121 08/16/04-80002-010 50.00
---	--

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUFF, STEVEN W 600 FIFTH AVE. NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, RICHARD E III 600 FIFTH AVE. NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VOSS, PETER S 399 BOYLSTON ST. BOSTON, MA 02116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RYLAND, G. NEAL 399 BOYLSTON ST. BOSTON, MA 02116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEARDON, BEVERLY 399 BOYLSTON ST. BOSTON, MA 02116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE SANCTIS, RICHARD 600 FIFTH AVE. NEW YORK, NY 10020

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	8/4/04 212-830-5200 Date Daytime Phone #
--	--