


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # M02000001192 1. Entity Name NEW YORK MANAGEMENT SERVICES L.L.C. |  |
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|---|---|
| Principal Place of Business 28-02 171 STREET FLUSHING, NY 11358 | Mailing Address 28-02 171 STREET FLUSHING, NY 11358 |
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DO NOT WRITE IN THIS SPACE



01222004 No Chg-LLC CR2E083 (10/03)

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| 4. FEI Number 61-1406472 | Applied For Not Applicable |
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|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |
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| 5. Name and Address of Current Registered Agent DIORIO, MARCO 20655 NEWBY STREET ORLANDO, FL 32833 |
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6. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

000000015535
01/28/04-80021-019 55.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM ROBERTI, JOHN 28-02 171 STREET FLUSHING, NY 11358 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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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:  **1-20-04 718321-3847**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #