

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Feb 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M02000002080**

1. Entity Name  
**212 MIDDLE NECK LLC**

Principal Place of Business  
**7-11 SOUTH BROADWAY, STE. 308  
WHITE PLAINS, NY 10601**

Mailing Address  
**7-11 SOUTH BROADWAY, STE. 308  
WHITE PLAINS, NY 10601**



01082004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-3836381**

Applied For  
Not Applicable

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

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

**GOLDBERG, JOSHUA  
4770 BISCAYNE BLVD STE. 1460  
MIAMI, FL 33137**

**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. 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 May 1, 2004**

U000000054648  
02/17/04 000005 001 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
GOLDBERG, JOSH  
7-11 SOUTH BROADWAY, STE. 308  
WHITE PLAINS, NY 10601**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
GOLDBERG, BUSTON  
7-11 SOUTH BROADWAY, STE. 308  
WHITE PLAINS, NY 10601**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SHIRK VENTURE GROUP LLC  
7-11 SOUTH BROADWAY, STE. 308  
WHITE PLAINS, NY 10601**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**2/10/04**

Date

**914-683-3600**

Daytime Phone #