

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M02000002916

1. Entity Name  
RICHARD STEIN, LLC



**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90032 031 \*\*\*\*50.00

Principal Place of Business  
505 SOUTH FLAGLER DRIVE, STE. 405  
WEST PALM BEACH, FL 33401

Mailing Address  
505 SOUTH FLAGLER DRIVE, STE. 405  
WEST PALM BEACH, FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03112004 Chg-LLC CR2E083 (10/03)

4. FEI Number

APPLIED FOR 16-1632514

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEIN, RICHARD  
505 SOUTH FLAGLER DRIVE, STE. 405  
WEST PALM BEACH, FL 33401

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

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

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR.  
GIAQUINTO, GREGG  
850 THIRD AVE.  
NEW YORK, NY 10022

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/15/04