

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # M02000002980

1. Entity Name
700 WEST 178TH STREET ASSOCIATES LLC

Principal Place of Business

THE GOLDBERG GROUP
7-11 SOUTH BROADWAY, SUITE #308
WHITE PLAINS, NY 10601

Mailing Address

THE GOLDBERG GROUP
7-11 SOUTH BROADWAY, SUITE #308
WHITE PLAINS, NY 10601



01082004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3552026

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLDBERG, JOSH
4770 BISCAYNE BLVD, SUITE #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 reappointing)

DATE _____

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

U000000054649
02/17/04-80005-002 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, BURTON
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

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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: _____

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

2/10/04

Date

914-683-3600

Daytime Phone #