


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M02000002980</b> 1. Entity Name 700 WEST 178TH STREET ASSOCIATES LLC	
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Principal Place of Business <b>THE GOLDBERG GROUP</b> 7-11 SOUTH BROADWAY, SUITE #308 WHITE PLAINS, NY 10601	Mailing Address <b>THE GOLDBERG GROUP</b> 7-11 SOUTH BROADWAY, SUITE #308 WHITE PLAINS, NY 10601
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**DO NOT WRITE IN THIS SPACE**



07052005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 13-3552026	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>GOLDBERG, JOSH</b> 4770 BISCAYNE BLVD, SUITE #1460 MIAMI, FL 33137	<b>DO NOT WRITE IN THIS SPACE</b>
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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 September 7, 2005**

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	
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**DO NOT WRITE  
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07/11/05-80016-001 55.00

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 **7/05/05** **914-683-3600**  
Date Daytime Phone #