FILED

Sep 25, 2003 8:00 am Secretary of State

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02000002980

1. Entity Nam 700 WEST	178TH STREET ASSOCIAT	ES LLC		09-25-2003 90042	. 010 ****50.00)
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, S WHITE PLAINS NY 10601	UITE #308			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	-	☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 13-3552026	- 1	olied For Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Addit Fee Required	
* *. +	-6. Name and Address of Current	Registered Agent —		7. Name and Address of New Registe	red Agent	
001	DDEDO IOOU		Name			
4770	DBERG, JOSH BISCAYNE BLVD, SUITE #1460 IFL 33137		Street Address	s (P.O. Box Number is Not Acceptable)		
	1		City	· ·	FL Zip Code	
A The above	named entity submits this statement for	or the purpose of changing its	registered office or regist	tered agent, or both, in the State of Florida.	<u> </u>	nd accept
the obligati	ions of registered agent.	or the purpose of changing to	rogistarou omos er regist	and agent, or both, in the plate of Horida.	Carrie Carrier	ina accept
SIGNATURE &	Signature, typed or printed name of registered agent	and title if applicable. (NOT	: Registered Agent signature requi	red when reinstating) D.	ATE	
		FILE NO	W!!! FEE IS \$50.00			
,			e to Florida Departm	,		. (
•			September 24, 2003			
9.	. MANAGING MEMB	ERS/MANAGERS	10.	ADDITIONS/CHAN	IGES	
TITLE	MGRM	☐ Delete	TITLE		☐ Change	Addition
NAME	GOLDBERG, JOSH		NAME			
STREET ADDRESS	7-11 SOUTH BROADWAY, STE.	308	STREET ADDRESS			ļ
CITY-ST-ZIP	WHITE PLAINS NY 10601		CITY-ST-ZIP			
TITLE	MGRM	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	GOLDBERG, BURTON		NAME			
STREET ADDRESS	7-11 SOUTH BROADWAY, STE.	308	STREET ADDRESS			
CITY+ST-ZIP	WHITE PLAINS NY 10601		CITY-ST-ZIP	and the second s		
TITLE	MGRM SHIRK VENTURE GROUP LLC	☐ Delete	TITLE	-	Change	Addition
NAME STREET ADDRESS	7-11 SOUTH BROADWAY, STE.	308	NAME STREET ADDRESS			}
CITY-ST-ZIP	WHITE PLAINS NY 10601	300	CITY-ST-ZIP			
TITLE	THE POWE TO THE TOOL	☐ Delete	TITLE		☐ Change	☐ Addition
NAME		□ Delete	NAME		onengo	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			1
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		Change	☐ Addition
NAME CTREET ADDRESS			NAME CTREET ADDRESS			ļ

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.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

914-683-3600

ATTachment

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR

90158724 Please correct records, DOCUMEN (# M02000002079 The Uniform Business Report for this entity was filed under Document # MO200002980, 1. Entity Name 700 W. 178 STREET ASSOCIATES, L.L.C. Principal Place of Business Mailing Address 7-11 SOUTH BROADWAY, SUITE 308 7-11 SOUTH BROADWAY, SUITE 308 WHITE PLAINS NY 10601 WHITE PLAINS NY 10601 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 13-3552026 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent' GREENBERG, ALAINE S Street Address (P.O. Box Number is Not Acceptable) 100 S.E. 3RD AVENUE, SUITE 1100 FORT LAUDERDALE FL 33394 Zip Code City 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Que By September 24, 2003 MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES 9. ☐ Addition TITLE Change Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete πì TITLE NAM NAME STREET. ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z ☐ Delete ☐ Change T'Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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SIGNATURE REQUIRED SIGNATURE:

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

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Date

Daytime Phone #