# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

# FILED Feb 17, 2003 8:00 am Secretary of State

|   | 11: 011111  |                                | <u>. , , – , </u> |                          | _   | 01-22-2003            | 00001.0                           | 7 <i>5</i> ***            | *50.00            |    |
|---|---|--------------------------------|-------------------|--------------------------|---|-----------------------|-----------------------------------|---------------------------|-------------------|----|
| DOCUMENT # M0200003024  1. Entity Name CHARWEL TP LLC   |   |                                |                   |                          |   | • • • -               |                                   | 23                        | 50.00             |    |
| Principal Place   | e of Business   | Mailing Address                |                   |                          |   |                       | •                                 |                           |                   |    |
| 80 BROAD STREET C/O BROADWAY MANAGEMENT CO NEW YORK NY 10004  80 BROAD STREET C/O BROADWAY MANAGEMENT CO NEW YORK NY 10004  80 BROAD STREET C/O BROADWAY MANAGEMENT NEW YORK NY 10004 |   |                                |                   | . "                      |   |                       |                                   |                           |                   |    |
| 2. Principal F  | Place of Business   | 3. Mailing Address             |                   |                          |   |                       | iai <b>de</b> iai <b>diali</b> il | 14 <b>14 18 1</b>         |                   |    |
| Suite, Apt.   | #, etc.   | Suite, Apt. #, etc.            |                   |                          | CHECK HERE IF MAKING CHANGES                |                       |                                   |                           |                   | _  |
| City & State  |   | City & State                   |                   | 4. FEI Number            | APPLIED FO                                  | r<br>                 | _                                 | plied For<br>t Applicable | _                 |    |
| ينجر Zip  | Country   | Zip                            | Count             | ry                       | 5Certificate of                             | Status Desired        | \$5.                              | 00 Add<br>Require         | litional<br>d ~   |    |
| <del></del>   | 6. Name and Address of Current                                      | Registered Agent               |                   | ·                        | -7: Name and Ad                             | idress of New Reg     | istered Agen                      | ıt                        |                   | ]. |
|   |   | Name                           |                   |                          | _ <del></del>                               |                       |                                   | - -                       |                   |    |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525  |   |                                | }                 | Street Address (         | Address (P.O. Box Number is Not Acceptable) |                       |                                   |                           |                   |    |
| TAL   | •   | . [                            |                   |                          |   |                       |                                   |                           |                   |    |
|   |   |                                |                   | City                     |   | • • •                 | ▁┌┕╴│                             | Zip Cod                   |                   |    |
| 8. The above  | named entity submits this statement for<br>ions phregistered agent. | r the purpose of changing its  | registere         | d office or register     | red agent, or both, i                       | n the State of Florid | a. I am famil                     | ar with,                  | and accept        | İ. |
| ,ga.  | 1 10.00 m   | desch.                         |                   |                          |   |                       |                                   |                           |                   |    |
| SIGNATURE   | Signature, typed or printed name of registered agent :              | and title if applicate). (NOTE | : Registered      | Agent signature required | when reinstating)                           |                       | DATE                              |                           | <del></del>       | 1  |
|   |   | FILE NO                        | W!!! F            | EE IS \$50.00            |   | _                     | ·                                 |                           | ,                 | 1  |
| Make Check Payable t  |   |                                |                   |                          | nt of State                                 | <del></del> -ī        | -                                 |                           | -                 | ŀ  |
| }   |   | Due                            | By Ma             | y 1, 2003                |   |                       |                                   |                           |                   |    |
| 9.  | MANAGING MEMBE  | RS/MANAGERS                    | 10.               |                          |   | ADDITIONS/CH          | HANGES                            |                           |                   | ], |
| TITLE   | MGRM  | Delets                         | TITLE             |                          |   |                       |                                   | Change                    | Addition          | 18 |
| NAME  | HERZKA, CHARLES   |                                | NAME              | T ADDRESS                |   |                       |                                   |                           |                   |    |
| STREET ADDRESS CITY-ST-ZIP  | 80 Broad Street<br>New York Ny 10004                                | •                              |                   | ST-ZIP                   |   |                       |                                   |                           |                   | Ì  |
| TITLE   | NEW TORK HT TOOM  | ☐ Delete                       | TITLE             | <del>_</del>             |   |                       |                                   | Change                    | ☐ Addition        | Š  |
| NAME  |   | <b>2</b> 0000                  | NAME              | l                        |   |                       |                                   | •                         |                   | 1  |
| STREET ADDRESS<br>CITY-ST-ZIP   | i   |                                |                   | T ADDRESS<br>ST-ZIP      |   |                       |                                   |                           |                   |    |
| IIILE -   |   | Telete                         | TITLE             |                          | رايسه الماسود                               |                       |                                   | Change ·                  | ☐ Addition        | L  |
| NAME  |   |                                | NAME              | ı                        |   |                       |                                   |                           |                   |    |
| STREET ADDRESS<br>CITY-ST-ZIP   |   |                                |                   | T ADDRESS<br>ST-ZIP      |   |                       | , .                               |                           |                   |    |
| TITLE   |   | ☐ Delete                       | TITLE             |                          |   |                       |                                   | Change                    | Addition          | 1  |
| NAME  |   |                                | NAME              | i                        | •   |                       |                                   |                           | •-                | }  |
| STREET ADDRESS  |   |                                | STREE<br>CITY-:   | T ADDRESS                |   |                       |                                   |                           | <del></del>       |    |
| CITY-ST-ZIP   |   | □ r.u.                         | TITLE             |                          |   |                       |                                   | Change                    | Addition          | 1  |
| TITLE<br>NAME   | ,   | Detete                         | NAME              | I .                      |   |                       | ٠ ب                               |                           | المسامد ا         |    |
| STREET ADDRESS  | ·   |                                |                   | T ADDRESS                |   |                       |                                   |                           | 1                 |    |
| CITY-ST-ZIP   |   |                                | CITY-             | ST-ZIP                   |   | ,                     |                                   |                           |                   | 1  |
| TITLE   |   | ☐ Delete                       | TITLE             |                          |   |                       |                                   | Change                    | Addition Addition |    |
| NAME<br>CIBET ADORESS   | ·   |                                | NAME              | T ADDRESS                |   |                       |                                   |                           |                   |    |
| STREET ADDRESS<br>CITY+ST-ZIP   |   |                                |                   | ST-ZIP                   |   |                       |                                   |                           |                   |    |
|   |   |                                |                   |                          |   |                       |                                   |                           |                   |    |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), 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 eath; 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 606, Florida Statutes.

Date

Daytime Phone #

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE HOLTSVILLE NY 00501-0023

DATE OF THIS NOTICE: 01-10-2003 NUMBER OF THIS NOTICE: CP 575 D EMPLOYER IDENTIFICATION NUMBER: 11-3669452 FORM: SS-4 NOBOD 0133226766 B

# MO 200003029

FOR ASSISTANCE CALL US AT: 1-800-829-0115

CHARWEL TP LLC % BROADWAY MANAGMENT CO INC 80 BROAD ST NEW YORK NY 10004

OR WRITE TO THE ADDRESS SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

## WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 11-3669452. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanenterecords.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

Based on the information shown on your Form SS-4, you must file the following form(s) by the date we show.

### Form 1065

### 04/15/2003

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a determination of your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Revenue Procedure 98-01, 1998-1 I.R.B.7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have questions about the form(s) or the due date(s) shown, you can call us at 1-800-829-0115 or write to us at the address shown above.