

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90081 036 \*\*\*50.00

DOCUMENT # M03000001591



1. Entity Name  
**THE PAGE GROUP LLC**

Principal Place of Business  
**66 CROSBY ST  
NEW YORK, NY 10012**

Mailing Address  
**66 CROSBY ST  
NEW YORK, NY 10012**

2. Principal Place of Business  
**10 WHITNEY ROAD**

3. Mailing Address  
**10 WHITNEY ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03092004

Chg-LLC

CR2E083 (10/03)

City & State  
**SHORT HILLS NJ**

City & State  
**SHORT HILLS NJ**

4. FEI Number  
**02-0595984**

5. Applied For  
☐ Not Applicable

Zip  
**07078**

Country  
**USA**

Zip  
**07078**

Country  
**USA**

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

**NRAI SERVICES, INC  
526 E PARK AVENUE  
TALLAHASSEE, FL 32301**

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  
**MGRM  
O'BRIEN, MARTIN  
66 CROSBY STREET  
NEW YORK, NY 10012**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
**MGRM  
O'BRIEN, MARTIN  
294 NORTH STREET  
ROXBURY, CT 06183**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

☐ Delete

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☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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 #

**MARTIN O'BRIEN**

**4/28/04**

**917-520-6416**