

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 JUL -6 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M03000002011

1. Entity Name
NEW PLAN OF PANAMA, LLC



Principal Place of Business
1120 AVENUE OF THE AMERICAS
NEW YORK, NY 10036

Mailing Address
1120 AVENUE OF THE AMERICAS
NEW YORK, NY 10036

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04152004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

Applied For

43-2019244

Not Applicable

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

FISCHETTE, OWEN, HELD & MCBURNEY
C/O R. JOSEPH DILL
1301 RIVERPLACE BLD., SUITE 1916
JACKSONVILLE, FL 32207

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
MGR
RUFANO, GLENN J
1120 AVENUE OF THE AMERICAS
NEW YORK, NY 10036 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SIEGEL, STEVEN F
1120 AVENUE OF THE AMERICAS
NEW YORK, NY 10036 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
504128912844 ☐ Change ☐ Addition
4/29/04 90069 019 850.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ 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:

Steven F. Siegel

4/16/2004

(212) 869-3000

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

Date

Daytime Phone #