


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90084 003 ****50.00

DOCUMENT # M03000002034 1. Entity Name 166-170 EAST 118TH STREET LLC					
Principal Place of Business 15 EAST 40TH STREET NEW YORK, NY 10016-0401			Mailing Address 15 EAST 40TH STREET NEW YORK, NY 10016-0401		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	07142006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 13-3963414				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent COOK, JOHN F ESQ. JOHN F. COOK, P.A. 2033 WOOD STREET, SUITE 220 SARASOTA, FL 34237			7. Name and Address of New Registered Agent Name Samuel L. LePrell Street Address (P.O. Box Number is Not Acceptable) 1930 San Marco Boulevard Suite 201, St. Mark's Place City Jacksonville FL Zip Code 32207		
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 <u><i>Samuel L. LePrell</i></u> <u><i>7/17/06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARROW, VINCENT 15 EAST 40TH STREET NEW YORK, NY 100160401	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Vincent Garrow</i></u> <u><i>7/17/06</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					