

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002298

FILED  
Feb 25, 2004  
Secretary of State

Entity Name: WESLEY, L.L.C.

**Current Principal Place of Business:**

1720 POST ROAD EAST, STE 221, BLDG. TWO  
WESTPORT, CT 06880

**New Principal Place of Business:**

**Current Mailing Address:**

1720 POST ROAD EAST, STE 221, BLDG. TWO  
WESTPORT, CT 06880

**New Mailing Address:**

FEI Number: 06-1611059

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NATIONAL CORPORATE RESEARCH LTD, INC.  
103 N. MERIDIAN ST.  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: BLOCK, PAUL J  
Address: 1075 PARK AVE.  
City-St-Zip: NEW YORK, NY 10128

Title: MGR ( ) Delete  
Name: THERIAULT, ADRIEN F  
Address: 1720 POST ROAD EAST, STE 221, BLDG. TWO  
City-St-Zip: WESTPORT, CT 06880

Title: MGR ( ) Delete  
Name: RICHTER, SUSAN  
Address: 1720 POST ROAD EAST, STE 221, BLDG. TWO  
City-St-Zip: WESTPORT, CT 06880

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ADRIEN F. THERIAULT

MGR

02/25/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date