2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2005 08:00 AM
Secretary of State

ANNUAL REPORT				Jul 14, 2005 08:00 A
DOCUMENT # M03000002579				Secretary of State
Stritty Name FIDELITY BORROWING LLC				
PIUELITY	Y BORROWING LLC			
Principal Plac	ce of Business	☐ Mailing Address		
	DUNTRY ROAD Y, NY 1153	GARDEN CITY, NY 1153		
			<u></u>	
DO NOT WRITE IN THIS SPA			CE	07062005 No Chg-LLC CR2E083 (10/03)
- 	,		-	4. FEI Number Applied For Not Applied Sol Not Applicable
·		<u></u>	<u>,</u>	5. Certificate of Status Desired \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			DO NOT WRITE	
TALENTINOSE2, TE 3230 1-2323			IN THIS SPACE	
	named entity submits this statementions of registered agent.	nt for the purpose of changing its register	ed office or register	red agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered a	gont and title if applicable (NOTE, Register	ed Agent signature required	when reinstaling) DATE
Fil Due l	ling Fee is \$50.00 by September 7, 2005			
9.		MBERS/MANAGERS		
TITLE NAME	MGRM OFSIE, BRĪĀN	-		
STREET ADDRESS	600 OLD COUNTRY ROAD	-	i	f John Marie and Marie Marie and Art a
CITY - ST-ZIP	GARDEN CITY, NY 11530		·}	U00000372810 07/14/05-80008-007 55.00
TITLE			1	01/14/03_00000_001 22.00
NAME STREET ADDRESS				
CITY-ST-ZIP			.I	
TITLE			1	
NAME STREET ADDRESS				
CITY-ST-ZIP				DO NOT WRITE
TITLE				IN THIS SPACE
NAME				IN THIS STACE
STREET ADDRESS CITY-ST-ZIP				
TITLE			1	·
NAME				
STREET ADDRESS				
CITY - ST - ZIP			-	
TITLE NAME				

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:

STREET ADDRESS CITY-ST-ZIP

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

7-11-05 5162288222

Cale

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