

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90189 024 ****50.00

DOCUMENT # M03000003911

1. Entity Name
ICM CAPITAL L.L.C.



Principal Place of Business
195 MONTAGUE STREET
C/O INDEPENDENCE COMMUNITY BANK
BROOKLYN, NY ~~10011~~ 11201

Mailing Address
195 MONTAGUE STREET
C/O INDEPENDENCE COMMUNITY BANK
BROOKLYN, NY ~~10011~~ 11201

24018877

2. Principal Place of Business

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

02242004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
41-2107699

Applied For
Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 MGR ☐ Delete
NAME FISHMAN, ALAN
STREET ADDRESS 195 MONTAGUE STREET
CITY-ST-ZIP BROOKLYN, NY 11021

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP BROOKLYN, NY 11201

TITLE MGR ☐ Delete
NAME HONSTEDT, GARY
STREET ADDRESS 195 MONTAGUE STREET
CITY-ST-ZIP BROOKLYN, NY 11021

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP BROOKLYN, NY 11201

TITLE MGR ☐ Delete
NAME HERZKA, RALPH
STREET ADDRESS 1 BATTERY PARK PLAZA
CITY-ST-ZIP NEW YORK, NY 10004

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Delete
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CITY-ST-ZIP

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

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: JOHN DEL GAUDIO

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

3/5/2004

Date

718-722-5437

Daytime Phone #