

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90098 039 \*\*\*138.75

**DOCUMENT # M03000004119**

1. Entity Name  
LOEWS ST. PETE GP LLC



Principal Place of Business  
667 MADISON AVENUE  
NEW YORK, NY 10021

Mailing Address  
667 MADISON AVENUE  
NEW YORK, NY 10021

50002786

2. Principal Place of Business - No P.O. Box #  
667 Madison Avenue

3. Mailing Address  
655 Madison Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
Tax Dept. 14th Floor

03142008 Chg-LLC CR2E083 (12/06)

City & State  
New York, NY

City & State  
New York, NY

4. FEI Number  
81-0604881

Applied For  
Not Applicable

Zip  
10065-8087

Country  
US

Zip  
10065-8068

Country  
US

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**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
MGR  
DUNLEAVY, VINCENT F.  
STREET ADDRESS  
667 MADISON AVENUE  
CITY-ST-ZIP  
NEW YORK, NY 10021 ☒ Delete

TITLE  
NAME  
MGR  
Dunleavy, Vincent F.  
STREET ADDRESS  
667 Madison Avenue  
CITY-ST-ZIP  
New York, NY 10065-8087 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 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:**

*Vincent F. Dunleavy*

Vincent F. Dunleavy

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

Date

Daytime Phone #