

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90086 019 ****50.00

DOCUMENT # M04000001524

1. Entity Name
FL SPECIALTY OPERATIONS LLC



Principal Place of Business
112 WEST 34TH STREET
NEW YORK, NY 10120

Mailing Address
112 WEST 34TH STREET
NEW YORK, NY 10120

DO NOT WRITE IN THIS SPACE



01112005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
20-0991731

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BROWN, PETER D
112 WEST 34TH STREET
NEW YORK, NY 10120

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MCHUGH, ROBERT W
112 WEST 34TH STREET
NEW YORK, NY 10120

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BERK, JEFFREY L
112 WEST 34TH STREET
NEW YORK, NY 10120

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HARTMAN, BRUCE Y L
112 WEST 34TH STREET
NEW YORK, NY 10120

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: *Shelagh Clarke* Secretary *Shelagh Clarke*

1/13/05

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

Date

Daytime Phone #