# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 14, 2008**
**Secretary of State**

DOCUMENT# M04000001524

**Entity Name:** FL SPECIALTY OPERATIONS LLC

**Current Principal Place of Business:**

112 WEST 34TH STREET
NEW YORK, NY 10120

**New Principal Place of Business:**

**Current Mailing Address:**

112 WEST 34TH STREET
NEW YORK, NY 10120

**New Mailing Address:**

**FEI Number: 20-0991731** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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/MANAGERS:**

| | | |
|---|---|---|
| Title: | MGR | ( ) Delete |
| Name: | BROWN, PETER D | |
| Address: | 112 WEST 34TH STREET | |
| City-St-Zip: | NEW YORK, NY 10120 | |
| Title: | MGR | ( ) Delete |
| Name: | MCHUGH, ROBERT W | |
| Address: | 112 WEST 34TH STREET | |
| City-St-Zip: | NEW YORK, NY 10120 | |
| Title: | MGR | ( ) Delete |
| Name: | BERK, JEFFREY L | |
| Address: | 112 WEST 34TH STREET | |
| City-St-Zip: | NEW YORK, NY 10120 | |
| Title: | MGR | ( ) Delete |
| Name: | CLARKE, SHEILAGH M | |
| Address: | 112 WEST 34TH STREET | |
| City-St-Zip: | NEW YORK, NY 10120 | |

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: WANDA LEBO TM 01/14/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date