

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90082 014 \*\*\*\*50.00

**DOCUMENT # M04000003952**

1. Entity Name  
**NEW PLAN RIVERPLACE MANAGEMENT COMPANY, LLC**



Principal Place of Business  
**420 LEXINGTON AVE. 7TH FLOOR  
NEW YORK, NY 10170**

Mailing Address  
**420 LEXINGTON AVE. 7TH FLOOR  
NEW YORK, NY 10170**

**20035286**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

**41-2151294**

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

**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

**Filing Fee is \$50.00  
Due by May 1, 2005**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME SIEGEL, STEVEN F  
STREET ADDRESS 1120 AVENUE OF THE AMERICAS, 12TH FLOOR  
CITY-ST-ZIP NEW YORK, NY 10036

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 420 Lexington Avenue, 7th Floor  
CITY-ST-ZIP New York, NY 10170

TITLE MGR ☐ Delete  
NAME RUFRANO, GLENN J  
STREET ADDRESS 1120 AVENUE OF THE AMERICAS, 12TH FLOOR  
CITY-ST-ZIP NEW YORK, NY 10036

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 420 Lexington Avenue, 7th Floor  
CITY-ST-ZIP New York, NY 10170

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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

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:**

**Steven F. Siegel**

**4/7/2005**

**(212) 869-3000**

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

Date

Daytime Phone #