

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State

04-24-2006 90038 014 ****50.00

DOCUMENT # M05000002340 1. Entity Name 102 FLORIDA LLC					
Principal Place of Business 1 S. WASHINGTON STREET, SUITE 200 ROCHESTER, NY 14614			Mailing Address 1 S. WASHINGTON STREET, SUITE 200 ROCHESTER, NY 14614		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 04182006 Chg-LLC CR2E083 (11/05)	
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number 20-2814104				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	
7. Name and Address of New Registered Agent 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)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CENTRAL FLORIDA DEVELOPMENT LLC 1 S. WASHINGTON STREET, SUITE 200 ROCHESTER, NY 14614	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CPH FLORIDA LLC 1 S WASHINGTON STREET, SUITE 200 ROCHESTER, NY 14614	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: <u>Daniel J. Golosstein</u> DATE: 4/17/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					