2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000005611

1. Entity Name 48TH AVENUE LLC

Principal Place of Business

2-01 50TH AVENUE

SUITE 6G

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

LONG ISLAND CITY, NY 11101 U

Mailing Address

2-01 50TH AVENUE

SUITE 6G

LONG ISLAND CITY, NY 11101

US

FILED Jan 28, 2008 08:00 AN Secretary of State



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01172008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 11-3451928 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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the obligat	e named entity submits this statement for the purpose of cha tions of registered agent.	nging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and little if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		U00000804421 02/05/08-80067-022 138.75
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	GILBERT, STUART		•
STREET ADDRESS	2-01 50TH AVENUE SUITE 6G		
CITY-S1-ZIP	LONG ISLAND CITY, NY 11101		
TITLE			
NAME	1		
STREET ADDRESS			
CITY-ST-ZIP		1	
TITLE			
NAME			
STREET ADDRESS		1 50	MOTIMOITE

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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: Kathense Murae

KATHERINE MARROWE

117/08 118.784-37

Daytime Phone #