

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000007053

1. Entity Name
650 DANIEL LLC



Principal Place of Business

575 MADISON AVENUE
22ND FLOOR
NEW YORK, NY 10022 US

Mailing Address

575 MADISON AVENUE
22ND FLOOR
NEW YORK, NY 10022 US

BK

DO NOT WRITE IN THIS SPACE

FILED
07 JUN -7 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1609873

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC
ONE S E. 3RD AVENUE
28TH FLOOR
MIAMI, FL 33131

**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 terminating)

DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRP
NAME: HACMUN, ISSAKHAR
STREET ADDRESS: 575 MADISON AVENUE, 22ND FLOOR
CITY-ST-ZIP: NEW YORK, NY 10022

TITLE: CH
NAME: HACKMON, ORLY
STREET ADDRESS: 575 MADISON AVENUE, 22ND FLOOR
CITY-ST-ZIP: NEW YORK, NY 10022

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

BK

400104254584
06/12/07--01008--014 **\$5.00

**DO NOT WRITE
IN THIS SPACE**

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:

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

6/7/07

Date

Daytime Phone #