

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000000036

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: ALCOR ACQUISITION, LLC

## Current Principal Place of Business:

501 E. CAMINO REAL  
BOCA RATON, FL 33432

## New Principal Place of Business:

## Current Mailing Address:

501 E. CAMINO REAL  
BOCA RATON, FL 33432

## New Mailing Address:

FEI Number: 20-4607565

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331 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: P ( ) Delete  
Name: GRAY, JONATHAN D  
Address: 345 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10154

Title: VP ( ) Delete  
Name: SUMERS, GARY M  
Address: 345 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10154

Title: VP ( ) Delete  
Name: STEIN, WILLIAM J  
Address: 345 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10154

Title: VP ( ) Delete  
Name: CAPLAN, KENNETH A  
Address: 345 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10154

Title: VPS ( ) Delete  
Name: MCDONAGH, DENNIS J  
Address: 345 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10154

Title: VPS ( ) Delete  
Name: HARPER, ROBERT  
Address: 345 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10154

## 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:

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: DENNIS MCDONAGH

MGR

03/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date