

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000005370

FILED  
Apr 18, 2008  
Secretary of State

Entity Name: ARM-CAPACITY OF NEW YORK, LLC

**Current Principal Place of Business:**

90 BROAD STREET STE 1503  
NEW YORK, NY 10004

**New Principal Place of Business:**

**Current Mailing Address:**

90 BROAD STREET STE 1503  
NEW YORK, NY 10004

**New Mailing Address:**

FEI Number: 20-8680091

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HATCH, JOHN D ESQ  
1267 BERKSHIRE LANE STE 200  
TARPON SPRINGS, FL 34688 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: COO ( ) Delete  
Name: WEINSTEIN, RUSSELL  
Address: 320 E SHORE RD 14A  
City-St-Zip: GREAT NECK, NY 11023

Title: CEO ( ) Delete  
Name: DAVID, HARRIS  
Address: 420 EAST 72ND STREET 5E  
City-St-Zip: NEW YORK, NY 10021

Title: T ( ) Delete  
Name: LULL, ROBERT G  
Address: 44 DENISE DRIVE  
City-St-Zip: KINNELON, NJ 07405

Title: S ( ) Delete  
Name: GERSON, CARL A  
Address: 176 SHERIDAN AVE  
City-St-Zip: HO HO KUS, NJ 07423

**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:

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: CARL GERSON

SECR

04/18/2008

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