

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0012956 AF

DOCUMENT # M96000000263

1. Entity Name  
LD RESIDUAL LLC

00 MAY -4 PM 3:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
24 RICHMOND HILL AVENUE  
STAMFORD CT 06901

Mailing Address  
24 RICHMOND HILL AVENUE  
STAMFORD CT 06901-3647



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

3. Mailing Address  
c/o Corp. Tax Dept.  
Suite, Apt. #, etc.  
10 Westport Road  
City & State  
Wilton, CT  
Zip  
06897-0810  
Country  
US

4. FEI Number  
06-1462065  
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.

SIGNATURE  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE  
FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LOUIS-DREYFUS, GERARD 405 LEXINGTON AVE., 57TH FLOOR NEW YORK NY 10174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SUSSMAN, JEFFREY I 405 LEXINGTON AVE., 57TH FLOOR NEW YORK NY 10174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BARIBEAU, ROLLAND R 405 LEXINGTON AVE., 57TH FLOOR NEW YORK NY 10174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHEPHERD, DAVID B 405 LEXINGTON AVE., 57TH FLOOR NEW YORK NY 10174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM EDELMA, MARTIN L 75 EAST 55TH STREET NEW YORK NY 10022	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STEINER, ERNEST F 405 LEXINGTON AVE., 57TH FLOOR NEW YORK NY 10174	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LOUIS-DREYFUS, GERARD 10 WESTPORT ROAD WILTON, CT 06897-0810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SUSSMAN, JEFFREY I 200 PARK AVENUE NEW YORK, NY 10166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BARIBEAU, ROLLAND R 24 RICHMOND HILL AVE STAMFORD, CT 06901-3631	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHEPHERD, DAVID 24 RICHMOND HILL AVE STAMFORD, CT 06901-3631	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STEINER, ERNEST F 200 PARK AVENUE NEW YORK, NY 10166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Hal Wolkin* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER  
May 1, 2000 Date  
(203) 761-8242 Daytime Phone #

CR2E083 (9/99)