2001	1 UNIFORM BUSI	NESS REPO	RT	(UB	R)							
DOCU 1. Entity Name	MENT # M97000	000155	-	, , , , , ,				114 (វីបុន ភ្លៃ ************************************				
	TAL & CO., L.L.C.					F	ILE	Ð				
Principal Plac	ce of Business	Mailing Address			01	OCT	22	PH 12: 17				
	Y PLAZA. 14TH FLOOR	ONE LIBERTY PLAZA. 141 NEW YORK NY 10005	H FLOO	R	S!	CRÉTA	YRY O	FSTATE	سينت بييدي	<u></u>	<u>.</u>	مخت -
HEN TORK	1000	NEW TORK NT 1000			ļА	LEHNA	33EE,	FLORIDA				
2. Principal P												
ONE LIBERTY PLAZA ONE LIBERT Suite, Apt. #, etc. 18TH FLOOR 18TH FLR - AC				יודימנ יודימנ		DO NOT WRITE IN THIS SPACE						
City & Stat		City & State NEW VORK	City & State			4. FEI Number 13-3933850				 · · ·	oplied For	7
Zip l /00	Country	Zip 10006	*Coun	try		5. Certi	ficate of	Status Desired		5.00 Add	ditional	1
	6. Name and Address of Current R					7. Name	e and Ac	dress of New Re				1
				Name	_			/		ۍ.		1
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Street A	Address (F	P.O. Box N	lumber is	s Not Acceptable)				- - - -
,,	ANTAHON I E 33324			City					FL	Zip Cod	е	-
8. The above	named entity submits this statement for	the purpose of changing its	registere	ed office o	r register	ed agent.	or both, i	in the State of Flor	ida.			1
												}
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	Registered	Agent signal	ture required	when reinstati	na) 👡		DATE			1
		FILE NO										1
			epartment of State									
		Due By	Septer	nber 26,	2001							
9.	MANAGING MEMBER	S/MANAGERS	10.					ADDITIONS/0	CHANGES			1_
TITLE NAME	MGR RITTEREISER, ROBERT P	☐ Delete	TITLE		MGR	7 2 277	D.,	ce u MEd	•	☐ Change	Addition Addition	(5/01)
STREET ADDRESS	ONE LIBERTY PLAZA, 14TH FLO	OOR	1	T ADDRESS	ONE	Liber	27-1	SEMARY PLAZA, 18t	n flr			-083
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NAME Street address	Battipaglia, Joseph V One Liberty Plaza, 14th Flo	nop .	NAME STREE	T ADDRESS			A 100	നാനന പ		31 <i>.</i> 1.		ļ
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TITLE 🕏	MGR	☐ Delete	TITLE						[Change	Addition	1
NAME : To DDRESS	GOTTMANN, HENRY D		NAME									
CITY-ST-ZIP	ONE LIBERTY PLAZA, 14TH FLO NEW YORK NY 10005	IOK		t address St-ZIP								ŀ
indicated	certify that the information supplied with the on this report is true and accurate and the bility company or the receiver or trustee of	iat my signature shall have th	ne same	legal ette	ct as if ma	ade under	oath; th	at I am a managir	urther certifying member	that the in or manage	formation r of the	
SIGNATURE: 10/7/01 2128207006 SIGNATURE AND TYPED OR PRINTED NAME OF SUNNING MARKSING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Date Date Description Phone #												