


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M97000000562</b> <small>1. Entity Name</small> <b>DEPOT REALTY, LLC</b>				
<small>Principal Place of Business</small> <b>101 WEST 55TH STREET NEW YORK NY 10019</b>	<small>Mailing Address</small> <b>101 WEST 55TH STREET NEW YORK NY 10019</b>			
<small>2. Principal Place of Business</small>	<small>3. Mailing Address</small>			
<small>Suite, Apt #, etc</small>	<small>Suite, Apt #, etc.</small>			
<small>City &amp; State</small>	<small>City &amp; State</small>			
<small>Zip</small>	<small>Country</small>	<small>Zip</small>		
<small>Country</small>	<small>4. FEI Number</small> <b>13-3958146</b> <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><small>Applied For</small></td> </tr> <tr> <td style="padding: 2px;"><small>Not Applicable</small></td> </tr> </table>		<small>Applied For</small>	<small>Not Applicable</small>
<small>Applied For</small>				
<small>Not Applicable</small>				
<small>5. Certificate of Status Desired</small> <input type="checkbox"/>		<b>\$5.00</b> <small>Additional Fee Required</small>		



MOORE CR2E083 (11/03)

<b>6. Name and Address of Current Registered Agent</b>  <b>NRAI SERVICES, INC.</b> <b>526 EAST PARK AVENUE</b> <b>TALLAHASSEE FL 32301</b>	<b>7. Name and Address of New Registered Agent</b> <small>Name</small> <hr/> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <hr/> <hr/> <small>City</small> <span style="float: right;"><b>FL</b> <small>Zip Code</small></span>
--	--


**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<b>MGRM</b> <b>ZUCKER, DONALD</b> <b>101 WEST 55TH STREET</b> <b>NEW YORK NY 10019</b> <input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <div style="text-align: center;"> <b>U00000053941</b>  <b>02/16/04-80151-019 50.00</b> </div>
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input 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)(f), 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 60B, Florida Statutes.

**SIGNATURE:**  2/11/04