2000	UNIF	ORM	BUSINE	SS RE	PORT	(UBR
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1. Entity Nam	e	97000000637	FILED	K-53				
GREZAR A	ASSOCIATES LLC		00 JAN 27 PM 1: 01					
Principal Plac C/O THE NEW 100 JERICHO JERICHOT NY	/KIRK GROUP OUADRANGLE, SUITE 214	Mailing Address C/O THE NEWKIRK GRO 100 JERICHO QUADRANG JERICHOT NY 11753-270	GLE. SUITE 214	SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal P	Place of Business	3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Number Applied For Not Applied For Not Applied For				
Zip	Country	Zip	Country	5. Certificate of Status Desired S5.00 Additional Fee Required				
	6. Name and Address of	of Current Registered Agent	1	7. Name and Address of New Registered Agent				
		11/	Name					
CORPORA 1201 HAY	ITION SERVICE COMPAN S STREET	IY	Street Ado	Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32301-2525			City	Zip Code				
	· · · · · · · · · · · · · · · · · · ·			egistered agent, or both, in the State of Florida.				
SIGNATURE _	Signature, typed or printed name of re	FILE N Make Check Pa	TE: Registered Agent signature OW!!! FEE IS \$50 ayable to Departm	0.00 eent of State	٠			
9.	MANAGI MGRM	NG MEMBERS/MEMBERS	10.	ADDITIONS/CHANGES Addition	<u>6</u>			
TITLE MAME STREET ADDRESS CITY- 87- ZIP	GREZAR MANAGER LLO 100 JERICHO QUADRA JERICHO NY 11753		MAME STREET ADDRESS CITY- ST-ZIP		R2E083 (9/99)			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Deleta	TITLE NAME STREET ADDRESS GITY-ST-ZIP	2000031198200 - Addison 6 -02/01/0001139022 *****50.00 *****50.00 -	5			
TITLE MAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	THTLE NAME STREET ADDRESS GITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE MAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE MAME STREET ADDRESS CITY-ST-21P		☐ Delats	TITLE NAME STREET ADDRESS CITY- ST- XIP	☐ Change ☐ Addition				
11. I hereby of indicated	on this report is true and ac billity company of the report	curate and that my signature shall have to be considered	or the exemption state	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information as if made-under oath; that I am a managing member or manager of the Chapter 609, Florida Statutes. S 22 Daytime Phone #				