

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # M97000000716**

1. Entity Name

GRAND CRU MORNING GP LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 26 AM 11:02

Principal Place of Business

420 LEXINGTON AVE., SUITE 2702  
NEW YORK NY 10170

Mailing Address

420 LEXINGTON AVE., SUITE 2702  
NEW YORK NY 10170

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

*Suite 900*

Suite, Apt. #, etc.

*Suite 900*

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3974429

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
NAME MGRM  
DAVIDOFF, ANDREW  
STREET ADDRESS 420 LEXINGTON AVE., SUITE 2702  
CITY-ST-ZIP NEW YORK NY 10170

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME *MGRM*  
DAVIS, LAWRENCE  
STREET ADDRESS 420 LEXINGTON AVE., SUITE 2702  
CITY-ST-ZIP NEW YORK NY 10170

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME *MGRM*  
TISCHLER, GARY  
STREET ADDRESS 420 LEXINGTON AVE., SUITE 2702  
CITY-ST-ZIP NEW YORK NY 10170

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

SEP 22 2000

CR2E083 (5/00)