2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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DOCUMENT # M9700000828 I. Entity Name					FILED				
Principal Place of Business 5 GOMMERCIAL ROAD COMMERCE LEAD 15 GOMMERCIAL ROAD COMMERCIAL RO				03 JAN 29 PM 3: 42					
	10	Mailina Address	<u>₹₹</u>						ANGES Applied For Not Applicable OO Additional Required t Zip Code iar with, and accept Change Addition Change Addition Change Addition Change Addition Change Addition
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, V. V									
2. Principal Pla	ace of Business	3. Mailing Address		__\		(1) (1) (1) (1) (1) (1)	TIN 8831 1811 6 8	11 15 16 17 18 18	W 1811 1881
15 COMMERCE ROAD 15 COMM			erce foa	9	-9-1	K CHECK HER	E IE MANUNC	CHANGES	
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.		ļ		CHECK HER	II IVIAKING		
City & State		City & State	J		4. FEI Numb	per 06-1484 8	306		
STAMFORD, CI STAMFORD,		3(1(11(10-0)							
06902	Country U.S.A	86902	Country USA			e of Status Desired	, <u>4</u>	Fee Required	
JUNG	6. Name and Address of Current F				7. Name and	d Address of New	Registered /	Agent	
			Name		ر بالمعتبي ب		v		
	S DOCUMENT SÉRVICES INC. WW KELLEY ROAD		Street Ac	ddress (F	P.O. Box Numb	per is Not Accepta	ble)		
	AHASSEE FL 32311		 			<u> </u>			
IALL	e and resident the Made to							7in Oad	
			City	_	_		FL	- `	
8. The above :	named entity submits this statement for	r the purpose of changing its re-	gistered office or	registere	ed agent, or bo	oth, in the State of	Florida. I am	familiar with, a	and accept
the obligation	ons of registered agent.								
SIGNATURE _		and title if an eller let	Registered Agent signatu	ite technical	when reinstating?	<u> </u>	DATE		
	Signature, typed or printed name of registered agent a						-		
	ï	FILE NOV Make Check Payable	W!!! FEE IS \$1 to Florida Dec	oou.00 partmon	nt of State) <u>OO11</u> 1	1253	10	
		wiake Uneck Payable	to Florida Dep By May 1, 2003	3	Tur 28	yusU1032	022 *	ოდეა. UU	
	MANAGING MEMBE		10.			ADDITIO	NS/CHANGES	3	
9.	MANAGING MEMBE	ERS/MANAGERS Delete	TITLE	T				Change	Addition
TITLE NAME	MGK SCHWARTZ, VERNON B	— Doiete	NAME		ramm-	RCE ROAD			
STREET ADDRESS	2015 WEST MAIN STREET		STREET ADDRESS	15	WENNE	CT 06907	<u>.</u>		
CITY-ST-ZIP	STAMFORD CT_06902		CITY-ST-ZIP	STAI				Change	Addition
TITLE	MGR	☐ Delete	TITLE NAME					<u>~~</u> ∪nang¢	
NAME STREET ADDRESS	HUNT, JAMES K 1 SUNAMERICA CENTER, 38TH	FLOOR	NAME STREET ADDRESS	100	Wilshi	ies Blud.			
STREET ADDRESS CITY-ST-ZIP	LOS ANGELES CA 90067		CITY-ST-ZIP	SAN	TA MON	CA, CA	90401		
TITLE	MGR	☐ Delete	TITLE			_		☐ Change	☐ Addition
NAME	LAPHAM, JOHN G III	1 6 1 665	NAME STREET ADDRESS		·	202	•	-	1
STREET ADDRESS	1 SUNAMERICA CENTER, 38TH	1 FLOUR	STREET ADDRESS CITY-ST-ZIP						_
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TITLE NAME	MGR KARP, DAVID A	☐ Delete	NAME				\ *	•	.}
NAME STREET ADDRESS	2015 WEST MAIN ST.		STREET ADDRESS	1		neece low	•		<i>.</i> ./\
CITY-ST-ZIP	STAMFORD CT 06092		CITY-ST-ZIP	ST	Amford_	CT 069	102		
TITLE	MGR	☐ Delete	TITLE	ļ				Change	☐ AGUITION ☐
NAME '	LAVALLEE, CHRISTOPHER		NAME STREET ADDRESS						1
STREET ADDRESS	85 BROAD STREET		CITY-ST-ZIP						
CITY-ST-ZIP	NEW YORK NY 10004	□ Delete	TITLE	+		<u>. </u>		☐ Change	Addition
TITLE NAME	MGR ABERG, PETER	C Celera	NAME						i
NAME STREET ADDRESS	1		STREET ADDRESS	: [i
CITY_ST_7IP	NEW YORK NV 10004		CITY-ST-ZIP			201/21 =	too 15 "	petification	information
11. I hereby a indicated	certify that the information supplied wit d on this report is true and accurate and ability company or the receiver or truste	th this filing does not qualify for d that my signature shall have the	the exemption st he same legal eff eport as required	tated in S fect as if r by Char	made under o oter 608, Florid	(૩)(١), Florida Statu ath; that I am a m ta Statutes.	ites. I further c anaging memi	ertily that the ber or manag	er of the
limited lia	ability company or the receiver or trusti	ee empowered to execute mis i	. Jp.0,1 00 1040.100						

1/10/03

203-388-0820 Daytime Phone #