

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000850

1. Entity Name

PLEDGED PROPERTY I LLC

Principal Place of Business

Mailing Address

335 MADISON AVENUE, 19TH FLOOR  
NEW YORK NY 10017

335 MADISON AVENUE, 19TH FLOOR  
NEW YORK NY 10017

2. Principal Place of Business

3. Mailing Address

335 Madison Avenue 19th Floor

335 Madison Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

New York New York

19th Floor

City & State

City & State

New York

Zip

10017

Country

New York

Zip

NY 10017

Country

New York

4. FEI Number

13-3897606

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional Fee Required

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

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**  
**Due By September 26, 2001**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
CREDIT-BASED ASSET SERVICING & SEC. LLC  
335 MADISON AVENUE, 19TH FLOOR  
NEW YORK NY 10017

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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TITLE  
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CITY-ST-ZIP

TITLE  
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

SHARL KUSHNER, SUP of 6-27-2001

212 850 2740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE