## FILED Apr 30, 2003 8:00 am

ecretary of State
04-30-2003 90192 007 ****50.00

ELIFECTIVITY OF UNIFORM BUSINESS REPORT (UBR)				Secretary of State	
DOCUMENT # M97000000	7. 3 GC2 3 1871	: 1.	-/ 1	04-30-2003 90192 007 ****50.00	
1: Entity Name Wint @y'0 MT like	RGALANAGERS		/		
OCEAN WALK MALL LLC	Tube Ower Frage	1/3	CONTRACT  CONTRA	30064094	
DO NOT WRITE	E IN THIS SPACE			78.13	
2. Principal Place of Business	3. Mailing Address		<del></del>	<del>-  </del>	
C/O HELLER REALTY	C/O HELLER REALTY				
Suite, Apt. #, etc. 745 FIFTH AVENUE	Suite, Apt. #, etc. 745 FIFTH AVENUE			DO NOT WRITE IN THIS SPACE	
City & State	City & State			4. FEI Number Applied For	
NEW YORK, NY Zip Country	NEW YORK, N	Countr		Not Applicable	
10151 U.S.A.		U.S.		5. Certificate of Status Desired 55.00 Additional Fee Required	
DO NOT WRITE IN T	HIS SPACE	-	1	7. Name and Address of Current Registered Agent	
•			CORPO	ORATION SERVICE COMPANY_	
				dress (P.O. Box Number is Not Acceptable)  HAYS STREET	
			City	Zip Code	
	<del></del>		TALLA	AHASSEE	
and accept the obligations of registered agent.		ng its req	Jistered office	ce or registered agent, or both, in the State of Florida. I am familiar with,	
SIGNATURE Signature, typed or printed name of regis	tered agent and title if applicabl	е.		DATE	
		FEE IS	\$50.00		
COLL STAY STATE THE	Make Check Payab		orida Depa / MAY 1	artment of State	
9. MANAGING MEMBER		DOE B			
mile Chilly MGRM + "CANDOOGO	C 11	ńn.e	:		
NAME REALTY-HOLDING-	-AC CORP			·	
STREET ADDRESS 745 FIFTH AVENU CITY-ST-ZIP NEW YORK; NY 10	<del>-</del>		ET ADORESS - ST - ZIP	,	
TITLE S		TITLE			
NAME ::		NAME			
CITY - ST - ZIP			ET ADDRESS   - ST - ZIP		
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CTTY - ST - ZIP			ET ADDRESS - ST - ZIP		
TITLE		TITLE			
NAME STREET ADDRESS		NAME			
CITY - ST - ZIP			ET ADDRESS - ST - ZIP		
11. I hereby certify that the information supplied wi	ith this filing does not qualify	for the	exemption sta	tated 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 er trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
y Or seld Dumin					
SIGNATURE: A SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER. Date Devime Phone #					
OR AUTHORIZED REPRESE	NTATIVE	INANAGI	member,	t, MANAGER, Date Daytime Phone #	

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