

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90158 027 ****50.00

DOCUMENT # M9800000115

1. Entity Name

485 PROPERTIES, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

730 Third Avenue

730 Third Avenue

Suite, Apt. #, etc.
9th floor

Suite, Apt. #, etc.
9th floor

DO NOT WRITE IN THIS SPACE

City & State

New York, NY

City & State

New York, NY

4. FEI Number

13-3987258

Applied For

Not Applicable

Zip

Country

10017

Zip

Country

10017

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

FL

Zip Code
33324

**DO NOT WRITE
IN THIS SPACE**

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

DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR
NAME: Adamski, Richard J.
STREET ADDRESS: 730 Third Avenue
CITY-ST-ZIP: New York, NY 10017

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE: MGR
NAME: Luik, Joseph W.
STREET ADDRESS: 730 Third Avenue
CITY-ST-ZIP: New York, NY 10017

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE: MGR
NAME: Somers, John A.
STREET ADDRESS: 730 Third Avenue
CITY-ST-ZIP: New York, NY 10017

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE: MGR
NAME: Stamm, Charles H.
STREET ADDRESS: 730 Third Avenue, New York, NY 10017

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Joseph W. Luik

Joseph W. Luik

axx

4/9/02

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

Date

Daytime Phone #

CR2E083B (12/01)