

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90026 036 ****50.00

DOCUMENT # M98000000115



1. Entity Name
485 PROPERTIES, LLC

Principal Place of Business
**730 THIRD AVE., 9TH FLOOR
NEW YORK NY 10017**

Mailing Address
**730 THIRD AVE., 9TH FLOOR
NEW YORK NY 10017**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-3987258**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE	P	<input type="checkbox"/> Delete
NAME	SOMERS, JOHN A	
STREET ADDRESS	730 THIRD AVE.	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LUIK, JOSEPH W	
STREET ADDRESS	730 THIRD AVE.	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ADAMSKI, RICHARD J	
STREET ADDRESS	730 THIRD AVE.	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STAMM, CHARLES H	
STREET ADDRESS	730 THIRD AVE.	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS C. GARBUTT	
STREET ADDRESS	730 THIRD AVENUE	
CITY-ST-ZIP	NEW YORK, NY 10017	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK L. SERLEN	
STREET ADDRESS	730 THIRD AVE	
CITY-ST-ZIP	NEW YORK, NY 10017	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: MARK L. SERLEN **REQUIRED** SECRETARY 4/21/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)