

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90285 036 ****50.00

DOCUMENT # M98000000161

1. Entity Name
1492 ASSOCIATES, LLC



Principal Place of Business
C/O HOFFMAN INVESTMENT PARTNERS
733 SUMMER STREET, PENTHOUSE
STAMFORD, CT 06901

Mailing Address
P.O. BOX 3580
STAMFORD, CT 06905

24014415



2. Principal Place of Business

3. Mailing Address

PO Box 1700

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212004 Chg-LLC CR2E083 (10/03)

City & State

City & State

BRIDGEPORT, CT

4. FEI Number
06-1108775

Applied For
Not Applicable

Zip

Country

Zip

Country

06601-1700

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete
NAME HOFFMAN, STEPHEN J
STREET ADDRESS 733 SUMMER STREET
CITY-ST-ZIP STAMFORD, CT 06901

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME HOFFMAN, BURTON D
STREET ADDRESS 733 SUMMER STREET
CITY-ST-ZIP STAMFORD, CT 06901

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME HOFFMAN, LAURENCE K
STREET ADDRESS 10 MIDDLE STREET
CITY-ST-ZIP BRIDGEPORT, CT 06604

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

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

Date

Daytime Phone #

2-10-04