


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # M98000000161

1. Entity Name
 1492 ASSOCIATES, LLC



Principal Place of Business Mailing Address

C/O HOFFMAN INVESTMENT PARTNERS
 733 SUMMER STREET, PENTHOUSE
 STAMFORD, CT 06901

P.O. BOX 1700
 BRIDGEPORT, CT 06601

DO NOT WRITE IN THIS SPACE



01102005No Chg-LLC CR2E083 (10/03)

4. FEI Number
 06-1108775

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005

U00000220271
 02/08/05-80061-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HOFFMAN, STEPHEN J
STREET ADDRESS	733 SUMMER STREET
CITY-ST-ZIP	STAMFORD, CT 06901
TITLE	MGR
NAME	HOFFMAN, BURTON D
STREET ADDRESS	733 SUMMER STREET
CITY-ST-ZIP	STAMFORD, CT 06901
TITLE	MGR
NAME	HOFFMAN, LAURENCE K
STREET ADDRESS	10 MIDDLE STREET
CITY-ST-ZIP	BRIDGEPORT, CT 06604
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Laurence K Hoffman Date: 2-2-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #