


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # M98000000161 1. Entity Name 1492 ASSOCIATES, LLC	
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Principal Place of Business C/O HOFFMAN INVESTMENT PARTNERS 733 SUMMER STREET, PENTHOUSE STAMFORD, CT 06901	Mailing Address P.O. BOX 1700 BRIDGEPORT, CT 06601
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DO NOT WRITE IN THIS SPACE



02012006No Chg-LLC CR2E083 (11/06)

4. FEI Number 06-1108775	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 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 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, 2006**

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

**DO NOT WRITE
IN THIS SPACE**

1100000439948
03/02/06-80017-012 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 *Laurence K Hoffman* 2/8/06 203-339-3700

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