

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

**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 1700  
BRIDGEPORT, CT 06601



01032007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**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 \_\_\_\_\_

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, 2007**

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000679396  
04/03/07-80036-013 50.00

**DO NOT WRITE  
IN THIS SPACE**

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*

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

*3/20/07*

Date

Daytime Phone #